| 0 | 1 (14 | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|--|--|--|------------------------------|
| | | 09837 CERTIFICATE OF DEATH 098 | 35 |
| the contract of the contract o | le de | 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before | admission) |
| 2 | in de la composition della com | O. COUNTY WORE OF STATE MARYLAND O. STATE Maryland b. COUNTY WORE | ester |
| 4 | ges affi | b CITY OR TOWN (If outside cornerate limits CITY OR TOWN (If outside cornerate limits write PURAL and give property | tawn) |
| | by Pa | Rural - Cambridge 19mos 10 days Pocomoke City | 23-2 |
| 0 24 bg | lled in 9apers. | d. NAME OF HOSPITAL OR INSTITUTION (If not inchaspital, give street address) d. STREET ADDRESS Eastern Shore State Hospital 206 Seventh St | ON A FARM? |
| id. | etely fi arban nt, with | 3. NAME OF DECEASED (Type or print) E/fon Dawson are dis DEATH July 7 | Year 19 6 6 |
| yacııta | d cample nove con ny even | S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If UNDER YEAR Months Doys VIS. NEVER MARRIED 12-30-1887 9. AGE (In years If UNDER YEAR Months Doys | Hours Min. |
| 4 q | ian and ian and iad in a | 10a. USUAL OCCUPATION (Give kind of work done during most at working life, even if retired) 10b. KIND OF BUSINESS OR during most at working life, even if retired) 11. BIRTHPLACE (County & State, ar fareign cauntry) 12. CITIZEN OF COUNTRY? | WHAT USG. |
| artifica | physic plant | 13. FATHER'S NAME Edward ardis 14. MOTHER'S MAIDEN NAME Landing | |
| d took | trending rmit. T | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes give war ar dates of service) UNKNOWN Eastern Shore State Losp: | +11 |
| PHYSICIAN: The law requires that the death certificate he executed within 24 hours after death | Page 4 may be retained by the haspital ar attending physician. For FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their phase remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, or removel, and in any event, within 72 hours after death. | IB. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).) | RVAL BETWEEN ET AND DEATH |
| The of | Page 4 may be retained by the haspital ar attending for FUNERAL DIRECTOR: After this certificate has been a director, page 3 should be detached for use as the should be filed with the State Dept. at Health priar take | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. 'YES | WAS AUTOPSY PERFORMED? S NO |
| CICIAN | sspital contribution of the far at the far a | YE. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) | |
| E PH | retained by the haspit RECTOR: After this certi 3 should be detached with the State Dept. af | 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work at | (State) |
| TENDIN | ned by SR: Afte auld be the Ste | 21. I certify that (I) (this haspital) attended the deceased fram | |
| O PA GO | be reta DIRECT e 3 sh ed with | 220. SIGNATURE Reliable Pallulage Mass ATTENDING MED. STAFF 226. DATE SIGNE DIRECTOR PHYS. 1 7-8 | -16 |
| ATIO | Page 4 may be Sun Page 4 may be director, page 5 should be filed | 22c. PHYSICIAN'S NAME (Type) Peter W. Rieckert 22d. ADDRESS' NAME (Type) Peter W. Rieckert Est New Maked | Al |
| 10 HO | Page - | 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) PEMOVAL (Specify), 7-10-1966 FIRST BAPTIST 24. FUNERAL DIRECTOR 25b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE | (Stote) |
| | VR A15 (4) 20 M 1/60 | 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATUR CIPY DATE JUL 1 2 1966 GUARDES PROBLEM DE SIGNATUR DE S | udge |

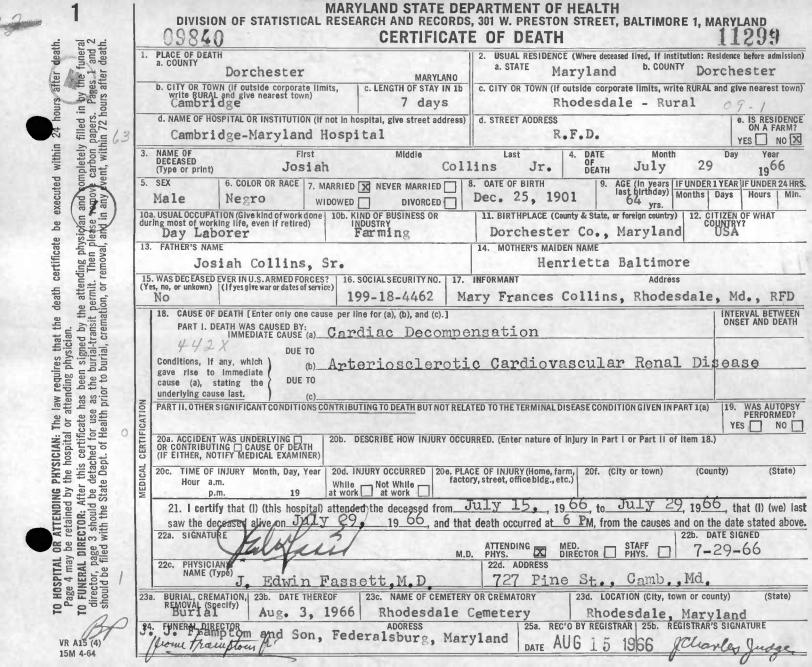
| 11835 | 2007-030-40-2 | | 1,6821 |
|----------------|-----------------------------------|-----------------------|--|
| | William Street For Parties In Co. | | |
| THE RESIDENCE | | | |
| | | | |
| | He had been not been | | |
| | | | |
| | | | 2 search massive |
| | | | |
| THE RESERVE TO | | The Carlo Control | |
| | 1000 | | The state of the state of the |
| | | | |
| | | | |
| | The state of the state of | | |
| | | | |
| | | | |
| | | A MENUNING IN | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | STATE OF STREET | |
| | | ** | A STATE OF THE STA |
| | | | |
| | | | Margh Report Cont. 15. 15. |
| | | | The state of the s |
| | | | A THE STREET OF THE PARTY OF TH |
| | A CARL DOMEST | | |
| | | | |
| | | | |
| | | | THE PART AS A STREET OF THE PARTY OF THE PAR |
| | | | |
| | | | |
| | | Condition of the con- | |

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and r death PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidence before admission) by the Pages 1 a a. STATE b. COUNTY after MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. 172 hours a rite RURAL and give nearest town) hours R = filled NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? within 72 YES NO completely carbon NAME OF 3. Middle Last 4. DATE Month Day Year remove carbo DECEASED (Type or print) DEATH 19 SEX 6. COLOR OR RACE 7. MARRIEO DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months Davs Hours WIOOWED OIVORCEO [YES. = 10a. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired), 10b. KINO OF BUSINESS OR the attending physician to permit. Then please atton, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INOUSTRY COUNTRY? 0 certificate FATHER'S NAME MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] igned by the INTERVAL BETWEEN crema that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: the hospital or attending physician. has been signed to as the burial-transprior to burial, cre IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT BELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health p certificate PERFORMEO? cinama NO T YES PHYSICIAN: this cerum detached fo 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW WIJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. After While Not While at work p.m. at work retained should 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the saw the deceased alive on and that death occurred at 3 PM. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNEO page filed ATTENDING MED. DIRECTOR PHYS. M.D. PHYS. O FUNERAL ADORESS PHYSICIAN'S director, p 22d. NAME (Type) BURIAL, CREMATION, REMOVAL (Soccify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDR 25a. KEC'D BY REGISTRAR 25b. liarles VR AI5 (4) 20M 1/65

CHETRAL BURGALIE Make Course PHINE X 2 KES N18-35-118 Every party were BURION 7-30-41 TRAPPE GENERAL The man of Marchaell College 20 1 mar 13

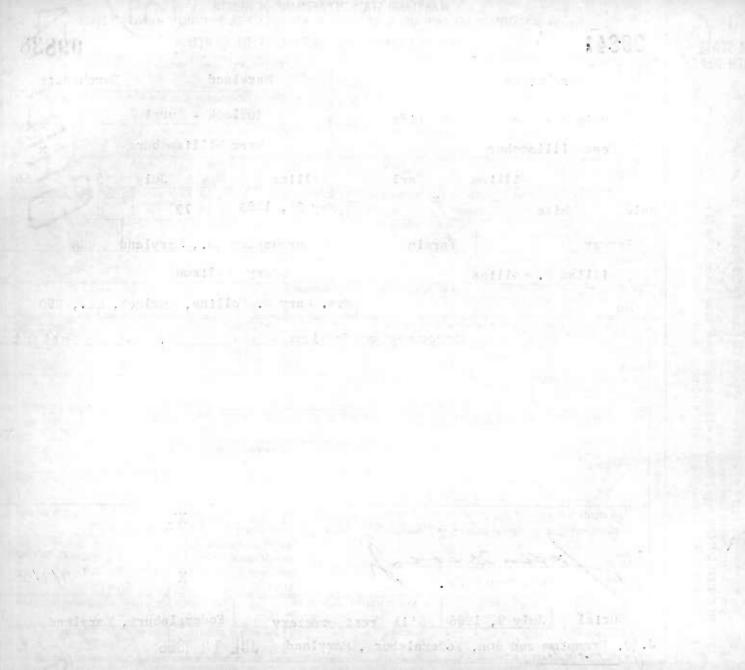
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09833 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE of Dorchester death Maryland MARYLAND Dorchester Department b. CITY OR TOWN (If gutside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cambridge Lidd. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) Life Cambridge d. STREET ADDRESS IS RESIDENCE ON A FARM? In pencil in them 18. Give Pages 1, Examiner's Office along with farm Cambridge Maryland Hospital 722 ate Douglas Street NO X YES after death. 3. NAME OF Middle 4. DATE Last Day Year DECEASED Joseph within Chester July (Type ar print) 66 DEATH S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED last birthday) Months Days Male Negro event WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most af working life, even if retired) COUNTRY? INDUSTRY any Maryland executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .= Usiah Bryan and Chester Easter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address or remaval. (Yes, na. orunknawn) (If yes give wor ar dotes of service) 217-10-8702 Nelson Chester Cambridge, Md. 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Coronary occlusion This certificate should writing the ward cremation, DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause OS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION please execute the certificate. NO X its designated agent, priar ta 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page Nat While at work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . and in my apinian Inquiry , Natural causes 🕱 Suicide . death resulted from: Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 7/21/66 DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** 5 may 10 FUNE Health John Mace, Jr. M.D. Address (Street, city, town, or county) Cambridge. Md. 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 8/25/66 Madison Madison Md 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charley VR A15ME (5) DATE JUL 1966 Cambridge. Md.

TESTINE STATE OF TRANSPORT OF THE PERSON OF Som to be being a first with the second of t to be a supplied to the suppli



| 80311 | CACCO |
|-------------------------------|--|
| no merianal land, and from | The auditoria |
| | Company of the compan |
| | insignal busicanteners appear |
| ALL THE THE THE TANK THE | Re least |
| 1,00,20 | over a to a fund |
| Dorenters do., Marvind Call E | ativistic ture of the |
| and and all almost | in , and the state of |
| | |
| | |
| | |
| | einhabe, 1 1000 |
| was dealed all the only | . I. E. E. E. Ever two Son, "secretable, Mar- |

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09841 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY 2, and 3 ta PM3. Page Dorchester Maryland Dorchester af death. MARYLAND Department CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest tawn) after Hurlock - Rural Hurlock - Rural Life
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? vil in Item 18. Give Pages 1, Per's Office alang with farm haurs Near Williamsburg Near Williamsburg YES 🔀 NO State 24 haurs after death. 3. NAME OF Middle 4. DATE Last Manth Doy Year 72 DECEASED William Carl Collins July 5 19 66 within (Type or print DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Months Days Haurs May 31, 1893 Male White WIDOWED DIVORCED CV event 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? any Farming Dorchester Co., Maryland IISA 14. MOTHER'S MAIDEN NAME within 13. FATHER'S NAME = Mary Collison William N. Collins and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address This certificate shauld be executed 16. SOCIAL SECURITY NO permit. (Yes, na, or unknawn) (If yes give war ar dates of service) remaval, pending Mrs. Mary R. Collins, Hurlock, Md., RFD INTERVAL BETWEEN ONSET AND DEATH Instant 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Coronary occlusion ar IMMEDIATE CAUSE (a) _ writing the ward crematian, DUF TO shauld be farwarded to the Canditians, if any, which gave rise ta immediate couse (a), DUE TO 0 stoting the underlying couse dS burial, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO please execute the certificate, YES designated agent, prior ta pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) factory, street, affice bldg., etc.) Nat While may be retained far yaur FUNERAL DIRECTOR: Page at wark ot wark 2). I certify that I took charge of the remains described above, held an Autopsy \(\sigma\). Inspection -Inquiry , and in my apinion Homicide | the funeral directar. death resulted from: Natural causes Accident Suicide . Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Health ar its ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 7/7/66 EXAMINER'S John ace Address (Street, city, tawn, ar caunty) NAME (T) BURNAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 50 July 9, 1966 Hill Crest Cemetery Federalsburg Maryland
REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR J. Framptom and Son, Federalsburg, Maryland Milanley DATE JUL VR A15ME 1986 6M 1/66



| | | | Division of STATIST | | MARYLAND STATE ARCH AND RECORDS, | | | ALTH T, BALTIMORE, MARY | LAND 212 | 201 |
|---|-----------------------|--|---|----------------------------|----------------------------------|-----------|--|--|-----------------------------|--|
| | | 09842 | | | CERTIFICA | ATE | OF DEATH | | | 09839 |
| | 1. [| LACE OF DEATH | rchester | | MARYLAND | | a. STATE | here deceased lived, if instit b. (0 vland | YTAU | [a] bot |
| | | write RURAL and | f autside carparate limits give nearest tawn) 10ge | | 1 mo. 18 da | as. | c. CITY OR TOWN (If aut | side corparate limits, write R | URAL ond give | 20-2 |
| _ | (| | AL OR INSTITUTION (if no | | | | d. STREET ADDRESS | | | e. IS RESIDENCE ON A FARM? |
| 3 | | | rn Shore St | | | | | sylvania Ave | | YES NO X |
| | (| ECEASED Type or print) | | ary | Middle Jane | -1- | Covey | OF DEATH JI | aly | 26 19 66 1 YEAR IF UNDER 24 HRS. |
| | S. S | Female | 6. COLOR OR RACE White | | NEVER MARRIED DIVORCED | 8. | 02-18-90 | 9. AGE (In years last birthday) 76 yrs. | IF UNDER Manths | Days Haurs Min. |
| | duri | ng mast af warking House | (Give kind of wark dane life, even if retired) wife | | ND OF BUSINESS OR DUSTRY | | bot Maryl | | U, | TIZEN OF WHAT UNTRY? .S.A. |
| - | 13. | FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN N. | | | |
| | 10 | Edwar | d Dyott | 1 1/ / | COCINI CECURITY NO | 17 141 | May Pa | g e | dress | 22 - 12 - 12 |
| | (Ye | , na, ar unknawn) | R IN U.S. ARMED FORCES? (If yes give war or dates o | f service) | Journa Secondaria | | a illication | State Hospita | | ords |
| İ | | 18. CAUSE OF DE | ATH (Enter anly ane cou | se per line far | (a), (b), and (c).) | | | | | INTERVAL BETWEEN |
| | ō, | 4501 | H WAS CAUSED 8Y: IMMEDIATE CAUSE | 1-1- | | | Left femura | l artery with | h | MOS. |
| ۱ | | Conditions, if any | DUE which gave) | 10 Ante | gangrene eriosclerosi: | | | | | Yrs. |
| | | rise to immediat stating the under last. | e couse (a), (| . , | or Topoteropr | 3 | | | | |
| | TION | | GNIFICANT CONDITIONS C | | O DEATH BUT NOT RELATED | TO TH | E TERMINAL DISEASE CON | DITION GIVEN IN PART 1(a) | | 19. WAS AUTOPSY PERFORMED? YES NO (32) |
| | MEDICAL CERTIFICATION | 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DE | SCRIBE HOW INJURY OCCUR | RED. (E | nter nature af injury in P | art I or Port II of item 18.) | | |
| | MEDICAL | | JRY Month, Doy, Yeor | 20d. 11 While at war | Not While | PLACE | OF INJURY (Hame, farm, y, street, office bldg., etc.) | | | unty) (Stote) |
| | | 21. I certi | fy that (I) (this has | pital) otten | ded the deceosed from | n that | deoth occurred of | 9 <u>66</u> , to <u>7-26</u> 2 p. M, from couse | , 19 <u>0</u> s ond on t | 66, that (1) (we) lass he dote stoted obove |
| | | 22a. SIGNATURE | les M. | Are | ugez | M.D. | PHYS. | MED. DIRECTOR PHYS. | | ATE SIGNED -26-66 |
| | | 22c. PHYSICIAN'S NAME (Type | | Doming | guez, M.D. | | | ital, Cambri | | aryland |
| | 230 | BURIAL, CREMATIC REMOVAL (Specify | 7/2 | EREOF 9/1966 | Spring Hi | | | 23d. LOCATION (City or Easton, Md. | 7 | (County) (State) |
| 1 | 24 | FUNERAL DIRECTO | R Ex Doub | Much | ADDRESS AS to | 4). | DATE JU | | REGISTRAR'S | res Judge |

| 1 | 09843 | | | CERTIFICATE | OF DEATH | | | 0.9 | 8411 | |
|---------------------------------|--|--|------------------------|--|--|--------------------------|---|-------------------------|------------------------|------------------------------|
| er death. | o. COUNTY DOT | chester | | MARYLAND | | arylan | b. COUN | Wico | mico | |
| nony evenir, winnin 12 nouss of | Cambrid | f outside corporate limits give nearest town) | | 5mos.10das. | c. CITY OR TOWN (If e | outside corpor SVille | | AL ond give n | 2 | 2 |
| 13 | | AL OR INSTITUTION (If no Shore Stat | | ive street oddress) | d. STREET ADDRESS | | | 178 | e. IS R ON YES [| RESIDENCE A FARM? NO X |
| | B. NAME OF DECEASED (Type or print) | Fin E | st Clmer | Middle Walton | Lost Dennis | 4. DATE OF DEATH | Mant Ju] | Ly | | Year 19 66 |
| | Male | 6. COLOR OR RACE White | | NEVER MARRIED 8 | 01-29-90 | | 9. AGE (In years lost birthdoy) 76 yrs. | Months D | oys Hou | |
| | Oa, USUAL OCCUPATION luring most of working Station | | INI | DUSTRY B&O RR | 11. BIRTHPLACE (Coun Maryla 14. MOTHER'S MAIDEN | | areign cauntry) | 12. CITIZI COUN U | EN OF WHATRY? | Ī |
| 1 | 13. FATHER'S NAME Conway I | | | | Kate Ca | | | | | |
| burial, cremation, or remov | IS. WAS DECEASED EVE (Yes, no, or unknown) No | R IN U.S. ARMED FORCES? (If yes give war or dates o | f service) | | .S.Hospita | l reco | Addre | SS | | |
| | 18. CAUSE OF DE PART I. DEAT | H WAS CAUSED BY: IMMEDIATE CAUSE | | | nonia | | | | SHSELAN | |
| V | Canditians, if ony, rise to immediat | DUE which gove | | Scheral | debil | ity | | | 1 20 | ar |
| | stoting the under | rlying couse | TO | | | | | | | |
| 0 | PART II. OTHER SI | GNIFICANT CONDITIONS CO | ONTRIBUTING T | O DEATH BUT NOT RELATED TO THE | HE TERMINAL DISEASE (| ONDITION GIV | 'EN IN PART I(a) | | 19. WAS PERFO | AUTOPSY ORMED? NO |
| | 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU Hour o.r | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OCCURRED. (| Enter nature af injury i | Part I ar Pa | rt 11 af item 18.) | | | |
| | p.n | n. 19 | While of work | Not While focto | E OF INJURY (Home, fo rry, street, office bldg., et | c.) | (City ar tawn) | (Caunt | | (State) |
| | | fy that (I) (this hoseceased alive on | pitol) attend 07-13 | led the deceosed from 19_66, ond thot | death occurred o | 19 <u>66</u> , | to 07-13 M, from causes | | |) (we) lo ited abov |
| | 22a. SIGNATURE | Carlos (| 7 BC | uuno M.D | | MED. DIRECTOR | STAFF DE | 22b. DATE | signed L3-66 | |
| / | 22c. PHYSICIAN'S NAME (Type | Carlo | | so, M.D. | | | , Cambrid | | | |
| | 23d. PURIAL, CREMATIC REMOVAL (Specify | 1 1/10 | 7/96C | 23¢ NAME OF CEMETERY OR C | e Cem | - 64 | OCATION (City or To | ele. | ounty) | (State) |
| as | 24 FUNTRAL DIRECTO | 1'27 | il) | La Distriction - | and DATE | D BY REGIST | 5 1966 | GISTRAR'S SIGI | | udgs. |

| H1800 | | 64280 |
|---------------|--|--------------------------|
| 100 | | |
| | | |
| | | iquali partir mare maven |
| | Alama Dennie | routs - The same |
| | Ve Self | 2.78 m to 2.78 m to 125 |
| | | |
| | The State of | |
| | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 01 |
| | | |
| | | |
| | A Commence of the Commence of | |
| | | |
| | | |
| | | |
| | | |
| brefring pebt | as to the control of | tomat vortal and will |
| | | |
| | THE REPORT OF THE PARTY OF THE | |

| 11 | 1 | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212 | 01 |
|----|--|---|---|
| 1 | | CERTIFICATE OF DEATH | 9841 |
| | r death. | 1. PLACE OF DEATH a. COUNTY DORCHESTER 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence a. STATE MD. DORCHESTER MARYLAND | e before odmissian) |
| | artificate be executed within 24 haurs after deat physician and campletely filled in by the funeral an please remave carbon papers. Pages I and ovel, and in any event, within 72 haurs after deat | b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) RURAL CAMBRIDGE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) c. CITY OR TOWN (If autside corporate limits, write RURAL ond give MARION STATION d. STREET ADDRESS d. STREET ADDRESS | e neorest town) e. IS RESIDENCE ON A FARM? |
| | within 24 filled son pape within 7. | 3. NAME OF PICKASED NORMAN N. DENNIS OF JULY 1 | YES NO Doy Year |
| | camplete | (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthday) Manths Manths Manths | |
| | ite be extian and sase remand in ar | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & Stote, or foreign country) 11c. CIT COUNTRY Transportation 11 BIRTHPLACE (County & Stote, or foreign country) VIRGIN 1A | TIZEN OF WHAT UNTRY? |
| | h certifica ing physical inen plant | 13. FATHER'S NAME NAT DENNIS Sarah Ward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address | |
| | attendi permit. an, or | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) | INTERVAL BETWEEN |
| | OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital or attending physician. NRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral—as a shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 ed with the State Dept. of Health priar to burial, crematian, or removel, and in any event, within 72 haurs after death. | PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) | 2 years |
| | 4: The lo or atten or atten te has b use as calth pric | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF STRIPPED NOTICE MEDICAL EXAMINED) | 19. WAS AUTOPSY PERFORMED? YES NO |
| | HYSICIAN haspital s certifica sched far spt. af He | | unty) (Stote) |
| | ibing Pland By the After thii be dett | Hour o.m. p.m. 19 While of work of work of the deceased fram 11/20 19.64, ta 7/1 19.65 | 56, that (I) (we) last |
| | | Carly F Banks M.D. ATTENDING MED. DIRECTOR STAFF PHYS. 7/1 22c. PHYSICIAN'S ADDRESS 22d. ADDRESS | he date stated abave. ATE SIGNED /66 |
| | Page 4 may To FUNERAL I director, pag should be fil | 230. BURIAL, CREMATION, Burial, CREMATORY 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Marion Station, 1 | (Caunty) (State) |
| | VR A15 (4) 20 M 1/66 | 24. FUNERAL DIRECTOR Bradshaw & Sons Sons Sons Crisfield DATE JUL 5 1966 REGISTRAR 25b. REGISTRAR 35 Crisfield DATE JUL 5 1966 | iles Judge |

| 11300 | | | | 13821 |
|---------------|--------------|------------------|---|----------------|
| Temeral There | | | | Shall a street |
| | arrest to a | or est | | |
| ¢ | 160 x 101 01 | | | |
| | | | | |
| | | | | H12 23 A |
| | | ar bridge direct | | acris). |
| | WANTERS | | | |
| | | | | |
| | | | 1 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | August 2 |
| | | | | |

A STATE OF S

| 21360 | AIAIR IIR | | 29330 |
|--------|--|--|--------------------------|
| | | | 200 (01) 200 |
| | | tour hand a . Then their even | |
| | La Grego Lina | det turnit | aredise de legisled as b |
| | | , | priority and |
| | the least the latest t | | The same of the same |
| | 6 - 16 and 197 | Prof. Sprit. (if in 0 de la Sept. 1911) | |
| | olifon redesi | | on sphilly |
| | | ar Stoyr - Parcial | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Second V All American Best 1 | The later of the same | And the second second |
| | | | |
| anni d | inspects and a profit | • • • | |
| | THE DIESE | genge | NAC TO THE PERSON |
| | | | |

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09847 requires that the death certificate be executed within 24 hours after death death puo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral popers. Poges 1 and 1. PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Dorchester Maryland Dorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge Life Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Hubbard Street Cambridge Marvland Hospital NO X 3. NAME OF 4. DATE corbon Middle Lost Doy Year DECEASED Lillian Fisher July 19 66 (Type or print) DEATH 9. AGE (In years Jost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Dovs Hours WIDOWED Male Negro DIVORCED May 19, 1919 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR please during most of working life, even if retired) INDUSTRY COUNTRY Dorchester Co.. Md. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Banks: Martha Wilson 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no or unknown) (If yes give wor or dates of service) Wilbur 220-01-1767 Fisher Same 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit Metastasis Carcinoma IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO for 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work of work 1 19 60, ta July 2, 19 , that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from January sow the deceased olive of July 5. 19 66, and that death occurred at_ _M, from causes and on the date stated abave. 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR ATTENDING STAFF PHYS. 7-5-66 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Pine Street Cambridge. Md. Edwin Fassett. M.D. director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF 7/10/66 East New Market East New Mar. Dor. Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ck C. St. Clair VR A15 (4) Cambridge, Md. DATE 111

| 11300 | | | 5 A 8 2 0 |
|---------------|--|------------------------------|----------------------|
| Creanglingou. | and trail | | nergonbro0 |
| | SphladigD | a0.22 | C MIDT LOSS |
| Top 18 | 118 | Lat Manual | Tue Lytel aug of sea |
| OF ELLEVA | Total T | | e allia. |
| | Former of the last | 49 | orgon slad |
| | of designation | See See 15 Sells 1 2 4 Sells | datofal |
| and the first | 20012 | | tipi turor |
| | | | |
| | The delication of the second o | | |

| 2 | 1 | | | DIVISION OF STATISTICAL RESE | ARCH AND RECORDS, | | HEALTH I STREET, BALTIMOR | RE 1, MARYLAND |
|--|--|------------|---------------|--|------------------------------|-------------------------------|-----------------------------------|--------------------------------------|
| S. S | ith. | ÷ 11 | - | 09848 | CERTIFICATE | | | 113249 |
| | death. funeral | de | 1. | PLACE DF DEATH a. CDUNTY | | O CTATE | h CDUNT | itution: Residence before admission) |
| | fter the | fter | | Dorchester | MARYLAND | Mary. | Land | Dorchester |
| | 24 hours after filled in by the fapers. Pages 1 | Is a | | b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Cambridge | c. LENGTH DF STAY IN 1b | | | te RURAL and give nearest town) |
| | in in | hou | _ | d. NAME OF HOSPITAL OR INSTITUTION (if not in i | l Day | d. STREET ADDRESS | Mood | e. IS RESIDENCE |
| | 24 l | 72 | | | | | | UN A FARM! |
| | ii j | E 63 | | Cambridge-Maryland Ho | spital | Rura. | | YES NO Day Year |
| | O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diseases, a should be detailed for use as the hurial-transit permit. Then be see Famore carbon papers. Pages 1 and 2 and 3 | t, w | 3. | DECEASED | Ida Schlee | Hammen | DF | |
| | pa duo | even | 5. | | NEVER MARRIED 8 | | 9. AGE (In years) | FUNDER 1 YEAR FUNDER 24 HRS. |
| | ecut nd c | in any eve | F | Temale White WIDDWED | | lug.8.1999 | last birthday) 7 | Months Days Hours Min. |
| | ex ex | , E, | | . USUAL OCCUPATION (Give kind of work done 10b. I | KIND DF BUSINESS DR | | inty & State, or foreign country) | 12. CITIZEN DF WHAT |
| | be be | g / | | Homemaker | INDUSTRY | Philade: | lnhia | II.S. |
| | cate phy | e a | | FATHER'S NAME | | 14. MOTHER'S MAIDE | N NAME | |
| | ing The | ОШ | | Charles W.D.Schle | 90 | Emma Ber | rtha Hutmach | er |
| | end it | Dr 16 | 15. (Ye | . WAS DECEASED EVER IN U.S. ARMED FDRCES? 16 s, no, or unkown) (If yes give war or dates of service) | | INFORMANT | Address | 3 |
| | e death certificate be e the attending physician | ou, o | | No | Mr. | Roy M. Har | mmen.Linkwoo | d. Md. |
| | the d | nation | | 18. CAUSE OF DEATH [Enter only one cause per | line for (a), (b), and (c).] | | | INTERVAL BETWEEN DNSET AND DEATH |
| | an. | crei | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | chet Con | ua | | 409 |
| | the gne | <u>a</u> , | | 260X DUE TD | 1471 | 111 | | 12 |
| | ires phy | pa . | | Conditions, if any, which gave rise to immediate (b) | abel, the | lety | | (|
| | Jing Jing beer | 5 | | cause (a), stating the DUE TD | | | | |
| | tence 138 | prio | z | underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIB | UTING TO DEATH DUTNET DELA | TED TO THE TEDMINAL DI | SEASE CONDITION CIVEN IN E | PART 1(a) 19. WAS AUTOPSY |
| | r at | 至 | ATIO | 1110 | OTING ID DEATH BUTNUT KELA | IED ID THE TERMINALDI | SEASE CONDITION GIVEN IN I | PERFORMED? |
| | al o lifica | H O | 윤 | 2Da, ACCIDENT WAS UNDERLYING 20b. | DESCRIBE HOW INJURY DCCU | RRED (Enter nature of | injury in Part I or Part II of | A-Lead- |
| | CIAN | 70 | CERTIFICATION | DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | DESCRIBE HOW MISON: DOGG | MILES (ENTO) MELLIO ON | | |
| | HYSI e ho | Dept | | | INJURY OCCURRED 20e. PLAC | CE DF INJURY (Home, far | m, 20f. (City or town) | (County) (State) |
| | E CT | ate | MEDICAL | Hour a.m. While p.m. 19 at wor | Not while | ry, street, office bldg., etc | 0.) | |
| | Aft Aft | \$ 50 E | Σ | p.m. 19 at wor | | Q 7/24 19 | 66 to 7/25 | 1968, that (I) (we) last |
| | OR: | # | | saw the deceased alive pn 7/ | 1/0 | death occurred at | M from the causes a | and on the date stated above. |
| | AT AT LECT | × ii. | | 22a. / SIGNATURE | 1 | - 1- |) | 22b. DATE SIGNED |
| | y be | filed | | Janes le. Mou | Asa M.D. | | RECTOR PHYS. | 716/68 |
| | MA RAL | be 1 | | 22c. PHYSICIAN'S NAME (Type) | | 22d. ADDRESS | 1 1 71. | |
| | Se 4 | | | | / | OD ODESMITTORY | way wa | wn or county) (State) |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death or Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and 3 should be detached for use as the burial-transit permit. | Sho | 23a | REMDVAL (Specify) | 23c. NAME OF CEMETERY | | 230. LOCATION (City, to | |
| | | 1 | 24 | Burial July 27,190 | bb Dorchester | Memorial 125a. REC' | DEY REGISTRAR 256. RE | GISTRAR'S SIGNATURE |
| | VR A15 (| 1 10 | 17 | Vindo & Sienes | Cambridge, Md | 111 | L 28 1986 & | Charles Judge |
| | 20M 1/6 | | 9 | free of the most | TO SING LA LOGO S PILO | UAIE | - | .0.0 |

a Boundin Li, comment . 1 To 1. 175 Not as the State of the Personal September of the Committee of the Transfer of the second of the Marie de la companie
The copy of the property of the property of the property of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09850 CERTIFICATE OF DEATH filled in by the funeral in papers. Pages 1 and 2 vithin 72 haurs after death. requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Dorchester Maryland Dorchester MARYLAND b. CITY DR TDWN (If autside corporate limits, write RURAL ond give neorest town)

Cambridge c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge yrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Maryland Hospital 801 Phillips YES NO St. 3. NAME OF DECEASED pan Lost 4. DATE Year OF DEATH William (Type or print) Henderson July 19 66 S. SEX 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR 6. COLOR OR RACE IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Dovs Hours Male Negro WIDOWED DIVDRCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)

Laborer INDUSTRY COUNTRY? Talbot Co., Md.

14. MOTHER'S MAIDEN NAME TISA the attending physici nsit permit. Then ple mation, ortemoval, a 13. FATHER'S NAME William Hanson Mary E. Scott 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give war or dotes of service) 220-10-6927 Hilda Henderson Same 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH Abscess Of Liver IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION NO [YES for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or lown) (County) (Stote) foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this hospital) attended the deceased fram June 1, 19 00, to July 2, 19 0 that (I) (we) last 19 66 and that death accurred at_____ M, fram causes and an the date stated above. saw the deceased alive and 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Edwin Fassett, M.D. 727 Pine Street: Cambridge. Md. directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, Arbutus Balti. Md. 7/9/66 Arbutus ADDRESS 2Sb. REGISTRAR'S SIGNATURE StoClair 2So. REC'D BY REGISTRAR VR A15 (4) Munice DATE JUL Cambridge, Md. 20 M 1/66

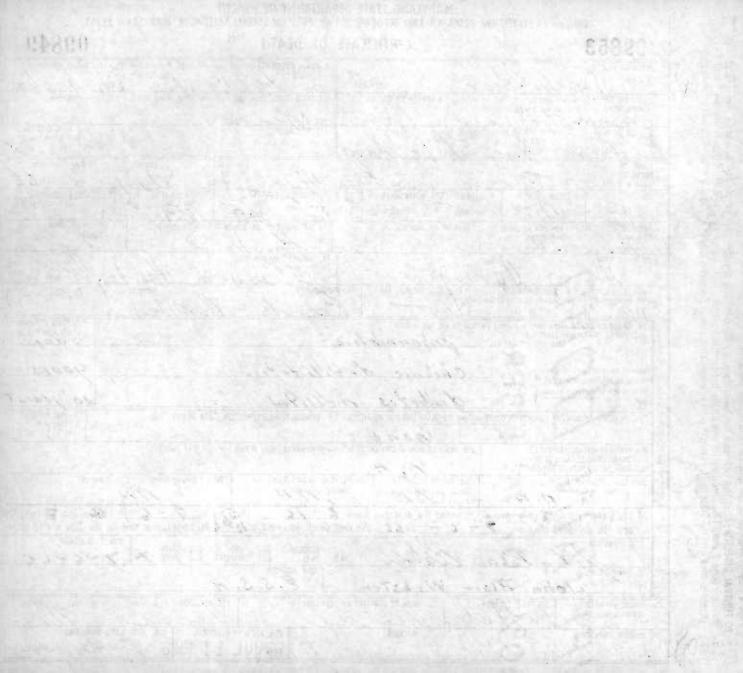
TESEN COLUMN TO THE PARTY OF THE PART of the distance of the state of to ther to design the second second second Elling dinapate to the terminal transfer of th do la company de the Section 1 and 1 in the state of th Aruston Calebra (1880) - Topicon Calebra (1880 Mary and the sublantant

| | 1 | - | - | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212 | 01 |
|------|--|----|---------------|--|--|
| | 100 | 1 | | | 09848 |
| | = = = = = | | | USOJI | |
| | s after deoth. The funerol oges 1 and 2 | | 1. | PLACE OF DEATH a. COUNTY DONCHESTEN MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence of STATE MARY AND b. COUNTY U | COMICO |
| | ffer es 1 es 1 | 1 | | b. City OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give | |
| | by the fur Poges 1 | | 9 | CAMBRIDGE, Md. 4mos- 2wks OALISbury, Md. | 2 2 2 |
| | in b | | | d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS, | e. IS RESIDENCE ON A FARM? |
| | n 24 illed pape | 13 | | Eastern Shone State | YES NO |
| | ecuted within 24 ho completely filled in ove carbon papers, y event, within 72 h | | | NAME OF DECEASED (Type or print) SARAH Middle Hicks OF DEATH July. | 30 1966 |
| | compliance | | 5. | SEX , 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER) | YEAR IF UNDER 24 HRS. Days Haurs Min. |
| | OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital or ottending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral etails should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ed with the State Dept. of Health prior to burial, cremotion, or removel, and in any event, within 72 hours other death | | 10o duri | . USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITI | IZEN OF WHAT |
| | ertificate be physician con nen please | | 13, | FATHER'S NAME 14. MOTHER'S MAIDEN NAME (| 0075 |
| | phy hen hen | 1 | 1 | Greston Brown Lasa Kallesson | , |
| | equires that the death cer physician. signed by the attending p burial-transit permit. The burial, cremotion, or remo | | | WAS DECEASED EVER IN U.S. ARMED FORCES? Is, no, on unknown of the service of | State Hosp. |
| | the aff | | F | 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) | INTERVAL BETWEEN |
| | y th y th y th emo | | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pulymorna | ONSER AND DEATH |
| | es the sicion of the side of t | V | | 493 X DUE TO | |
| | quir phy: sign buric | | | Canditians, if any, which gave rise to immediate cause (a), DUE TO | |
| | ing ing sen the | | | stoting the underlying couse (c) | |
| | tend tend os be os prior | | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? |
| | e ho | ^ | ATION | | YES NO NO |
| | OR ATTENDING PHYSICIAN: The law requires the be retained by the hospitol or ottending physician. DIRECTOR: After this certificate hos been signed by e 3 should be detoched for use as the burial-trailed with the Stote Dept. of Health prior to burial, cre | 0 | CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING \(\) OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) | |
| | PHY b ho is c toch toch | | MEDICAL | 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) (Court | inty) (State) |
| | VG I | | WE | Hour o.m. While Not While factory, street, office bldg., etc.) p.m. 19 at work of work | |
| | Aft Aft e St e St | | | 21. I certify that (I) (this haspital) attended the deceased fram, 19, to, 19 | , that (I) (we) last |
| | aine aine rok: | | | saw the deceased alive an19, and that death occurred atM, fram causes and an th | ne date stated above. |
| | REC 3 st | | | ATTENDING MED. STAFF DIRECTOR | - July 14 |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to | 1 | | 22c. PHYSICIAN'S NAME (Type) FELIPE M. DOMING VEZ 22d. ADDRESS E. J.S. H |) " |
| | UNE OCTO | 0 | 239 | BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR, CREMATORY 23d. OCATION, (City or Jown) | (County) (State) |
| | Pag dire | K | 6 | Semoval (Sperity) 8= 3-66 Green Heres falesleing | nd |
| 1307 | VR A15 (4) 20 M 1/66 | 09 | 24 | ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SI | GNATURE' |
| | 20 M 1/66 | 1 | 1 | They to the state of the state | The state of the s |

RESIDI THE REAL PROPERTY.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09852 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COLINTY Dorchester o. STATE b. COUNTY Dorchester Page Maryland of death. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after Hurlock Li fe Rural - Hurlock d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form hours Box 27 RFD # 1 Box 27 RFD # 1 NO TX pencil in Item 18. Give Pages after death. 3. NAME OF First Middle 4 DATE Month Dov Year DECEASED July 11 19 66 Roland Charles Holliday (Type or print) DEATH S. SEX 9. AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Hours About 1902 Male Negro WIDOWED X DIVORCED 24 haurs even 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pages l Hurlock, Maryland Day Laborer Farm 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME within Amanda Jackson Joseph Holliday pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1315d N. Wanamaker St. be executed (Yes, no, or unknown) ((If yes give wor or dotes of service) remaval Mrs. Gladys Jackson Philadelphia, Pa. 178-18-0406 Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ON THE CEATH IMMEDIATE CAUSE (0) Coronary occlusion 0 This certificate shauld e certificate, writing the ward shauld be farwarded ta the Cl cremation, DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse 0 OS burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? the certificate. YES NO X designated agent, prior ta pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X, Inquiry [and in my apinion funeral directar. death resulted from: Natural causes X Accident Suicide . Hamicide | Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 5 may be reta TO FUNERAL DII Health ar its d 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 8/18/66 DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace Jr. M.D. Address (Street, city, town, or county) Cambridge.Md. NAME (Type the 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) Burial 7/14/66 Petersburg Cemetery Hurlock Dorchester 250. REC'D BY REGISTRAR AUG 2 2 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ocharles 1966 VR A15ME (5) Framptom Funeral Home Federalsburg, Md.

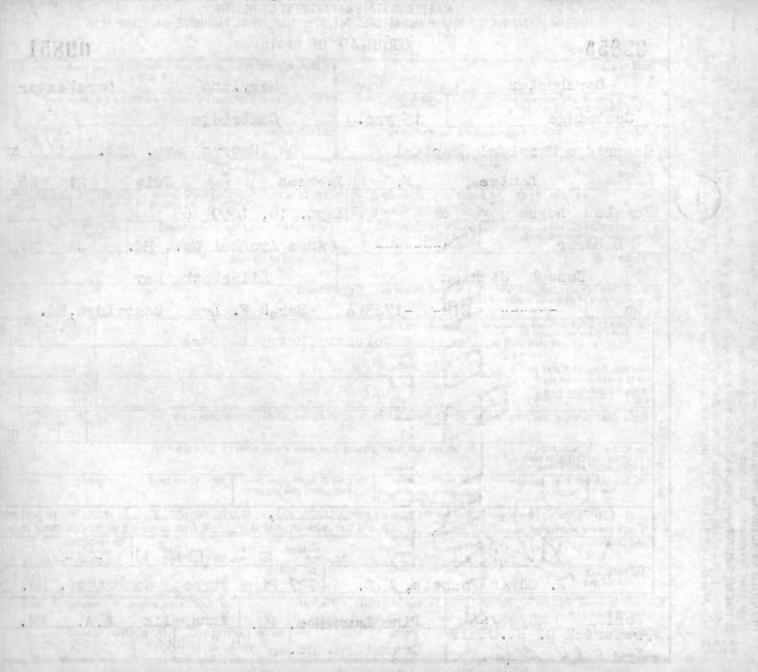
| Satusforoli | | nivanii | | Turk when | |
|-----------------|----------|----------------|-----------|------------------|--|
| | Hurliney | | 5717 | dictor - best | |
| | T2 #68 1 | | | 72 mile if y one | |
| do ti | v luti | L vob allow | | | |
| | 10.761 | \$2001 Ameny | A. | dayoM sie | |
| | basters | L. Goolens | 2727 | rarodal yaŭ | |
| | | | | Joseph Holliton | |
| .52 guinmannis. | | strephilicani. | 000 - 1-1 | ti na wo | |
| | | | | | |
| | | | | | |



| 1 | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |
|--|--|
| - E25- | 09854 CERTIFICATE OF DEATH |
| 24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death. | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE b. COUNTY |
| by the fi | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) |
| nours are in by s. Page hours | Rural - Bast New Market 7 yrs Rural - Bast New Market, Maryland 99 |
| hour hours stres. | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE |
| - 0.= | ON A FARM? YES 🗶 NO |
| ted within completely carbon i | 3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) ELIZABETH N. JACKSON DEATH Tuly 25. 1966 |
| ted com | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1. 8. DATE OF RIRTH 19. AGE (In years IF UNDER 14 FRI UNDER 24 HRS |
| and and and and any | Female White WIDOWED X DIVORCED March 7, 1874 last birthday) Months Days Hours Min. |
| = = = = = = = = = = = = = = = = = = = | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR line working life, even if retired) 11b. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| ysician please I, and ir | Housewife Gloucester, N. C. USA |
| ficate physien ple oval, a | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME |
| th certifica tending ph nit. Then or removal | John Nelson Jane Harker |
| ath certi attending rmit. Th | 15. WAS DECEASED EVERINU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT RFD Address (Yes, no, or unknown) (If yesgive war or dates of service) |
| e deal the at t perr | 220-44-6602 Mrs. Earl Flannigan, Bast New Market, Md. |
| A ZISE | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONGESTIVE - HEART ONSET AND DEATH OYEAR |
| HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed being a should be detached for use as the burial-transfround be filed with the State Dept. of Health prior to burial, cre | THE TO |
| ulres g ph su s but but | Conditions, If any, which (b) |
| law requi attending has been e as the b | cause (a), stating the DUE TO underlying cause last. |
| law itter has as pri | |
| CCIAN: The Is ospital or at certificate hed for use to death it. of Health it. | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO PERFORMED? OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 19. WAS AUTOPSY PERFORMED? YES NO PERFO |
| Tiffe of Herical | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) |
| PHYSICIAN: the hospital this certific detaction e Dept. of H | |
| ING PHYSICI d by the hosy After this ce i be detached State Dept. | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) While not While at work at work at work at work |
| oling P d by t After d be d state | Hour a.m. p.m. 19 While Not While ractory, street, office bidg., etc.) |
| OR ATTENDING be retained by lIRECTOR: Aften IRECTOR: Aften e 3 should be | 21. I certify that (I) (this hospital) attended the deceased from \$\frac{7}{2} 1957, to \$\frac{7}{25} 1966, that (I) (we) last |
| sho ith t | saw the deceased alive on 1966, and that death occurred at M, from the causes and on the date stated above |
| L OR ATTEND y be retained DIRECTOR: A age 3 should iled with the | 22a SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED 7 25/66 |
| TAL OR May be AL DIR page e filed | 22c. PHYSICIAN'S |
| 10 HOSPITAL Page 4 may 0 FUNERAL director, page should be fi | NAME (Type) WALTER GUNBY, M. D. Cambridge, Maryland |
| Page High | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| Tr The K | REMOVAL (Specify) St. Michaels, Maryland 24. FUNERAL DIRECTOR ADDRESS. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| VR A15 (4) | P- (De + 2/2 () () 1111 27 1986 Vellander Judge |
| 15M 4-64 | A Sample for Fredricon, of me cher DATE DE 21 1040 j |

| 1688H | | | 4> | A 28.20 |
|--|------------------------|-------------|---------------|------------|
| | | | | |
| indiamarou . | meleck Subtractions | | 117892104 | |
| des Market, staryland | Trial - furni | | of New Magaer | i - Luxust |
| | | | | |
| A STATE OF THE STA | | | | |
| | March 7, 1874 | | | |
| žev .5 . | Claure rent, | dus d | oller. | |
| | officer enal. | | montol m | |
| , Line West Newfork, 1910. | Bes. 1882 France | 5006-16-053 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON, STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09855 2 24 haurs after death. deoth and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Dorchester Maryland Dorchester MARYLAND b. CITY OR TOWN (If autside carparate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest tawn) write RURAL and give nearest town) 15 vrs. Cambridge Cambridge and campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 704 Cambridge Marvland Hospital Moores Ave. Ext. YES T NO X The law requires that the death certificate be executed within 3 NAME OF Middle Lost 4. DATE Month Doy Year physician and campletely ten please remove tackan DECEASED Louise F. Jackson July 19 66 event, (Type or print) DEATH IF LINDER 24 HRS. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 1F UNDER 1 YEAR 7. MARRIED NEVER MARRIED 897 last birthday) Manths Davs Haurs WIDOWED TO Female Negro DIVORCED Sept. 18. 1899 YIS. 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast of warking life, even if retired) INDUSTRY COUNTRY? Anne Arundel Co., Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Jackson Elizabeth 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give war ar dates af service) Sarah F. Lee Cambridge Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary Heart Disease IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital or attending OF FUNERAL DIRECTOR: After this certificate has been far use as the priar to 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health NO 20o. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED (County) (Stote) foctory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (I) (this haspital) ettended the deceased fram July 20, 1966, ta July 21, 1966, that (I) (we) last saw the deceased alive on July 21, 1966, and that death accurred at ______M, fram causes and an the date stated above. 22g. SIGNATURE 22b. DATE SIGNED STAFF PHYS. X 7-21-66 DIRECTOR M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Edwin Fassett, M.D. Pine Street Cambridge, Md. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 8/26/66 Annapolis Md. Pine Lawn Men Pk 2Sa. REC'D, BY, REGISTRAR 25h. REGISTRAP'S SIGNATURE Cambridge, Md. DATE 20 M 1/66



| | 1 | | DIVISIO | N OF STATISTI | | | | , 301 W. PREST | | | E 1, MARY | LAND |
|---|--|---------------|--|---|--------------------|---------------------------------------|------------|---|------------------|-------------------------------------|--------------------------------|--------------------------------|
| e e | -02 - | 6 | 9856 | | | CERTIF | FICATE | E OF DEAT | Н | | () | 9852 |
| 24 hours after death | funeral and 2 re death | 1. | PLACE OF DEATH | | | | | 2. USUAL RESIDE | VCE (Where o | deceased lived, If inst | | e before admission |
| te | ges 1 | | | Dorches | ter | | RYLAND | Maryl c. CITY OR TOWN (| and | | | er |
| 42 | by the Page Irs al | | b. CITY OR TOW write RURAL | N (if outside corpora and give nearest to | nte Ilmits, wn) | c. LENGTH OF ST | AY IN 1b | c. CITY OR TOWN (| If outside c | orporate limits, writ | e RURAL and g | IVE Trearest town |
| _ onu | E . 0 | | | Cambrid | lge | 3 Years | | d. STREET ADDRES | idge | | 09 | A TO DESIDENCE |
| 4 | filled papers. in 72 h | 9 | | | | | address) | d. STREET ADDRES | S | | - | ON A FARM? |
| | etely filled bon papers within 72 l | | | shington | Stree | | | Washi | | | ext | YES NO X |
| withi | and completely remove carbon in any event with | 3. | NAME OF DECEASED (Type or print) | Mar | irst y | Caroli | | James | 4. DAT | rn July | Day 15,196 | 6 19 |
| ited | S e co | 5. | SEX | 6. COLOR OR RACE | 7. MARRIE | NEVER MARR | EDAF | B. DATE OF BIRTH | | 9. AGE (In years I last birthday) | FUNDER 1 YEAR Months Days | Hours Min. |
| xec | any | | Female | White | WIDOWE | | | May 13,18 | | 90 yrs. | | |
| be e | hysician a please re al, and in | 10a dur | USUAL OCCUPATING MOST OF WORK Registe | ION (Give kind of working life, even if retire Ped Nurs | done 10b. | KINO OF BUSINESS INOUSTRY L red | OR | Talbo | | te, or foreign country) n ty | COUNTR | OF WHAT Y? . S. |
| cate | ld r | | FATHER'S NAM | | | | | 14. MOTHER'S MA | IDEN NAME | | | |
| E E | ing pl Then emova | | Jo | hn W. Ja | mes | | | Mary | Ann P | ritchard | | |
| 8 | attending rmit. Th n, or rem | 15 | WAS OECEASEO | VER IN U.S. ARMEOF (If yes give war or dates | ORCES? 16 | S. SOCIAL SECURITY | NO. 17. | INFORMANT | 44 | Address | | - 1-1 |
| eath | atten ermit. in, or | (,, | No | (11)cs give nai or dates | 2 | 220-52-78 | 345 L | evi B. Ja | ames, | Cambridg | e, Md. | R.D.3 |
| o o | physician. n signed by the attending phy burial-transit permit. Then pl burial, cremation, or removal, | | 18. CAUSE OF | DEATH [Enter only o | | | | | | | INT | ERVAL BETWEEN SET ANO DEATH |
| ŧ | an. ans | | PART I. DE | ATH WAS CAUSED B | Y: (a) // / | imia | | | | | 2 | mas |
| # # : | ohysician signed urial-tra | | 4221 | DUE | | 1 | 11 | 0 | \ | | 1 | , Dillion |
| res. | phy sign suri | | Cenditions, If | | (b) (lis | leve Re | lero | ity CV | D | | 4 | las |
| redul | pital or attending pertificate has been of for use as the bot of Health prior to b | | gave rise to cause (a), st underlying caus | tating the DUI | (c) ai | tue-se | les | in S | Zes | | 5 | 26 |
| wa: | has has e as a pr | NO | | | | BUTING TO DEATH BU | T NOT RELA | TEO TO THE TERMINA | LOISEASECO | NDITION GIVEN IN F | ART 1(a) 419. | WAS AUTOPSY PERFORMEO? |
| The | or ate | CAT | | | | | | | | | Y | ES NO |
| ATTENDING PHYSICIAN: The law requires that the death certificate be executed within | ospital or atten certificate has hed for use as t. of Health pric | CERTIFICATION | 20a. ACCIOENT OR CONTRIBUTI (IF EITHER, NO | WAS UNDERLYING NO CAUSE OF OEATHER MEDICAL EXAM | ATH INER) | OESCRIBE HOW IN | JURY OCCU | RRED. (Enter nature | of Injury In | Part I or Part II of | Item 18.) | |
| PHYS | the hy this detacl | MEDICAL | 20c. TIME OF Hour a.m | NJURY Month, Day, | | | 20e. PLA | CE OF INJURY (Home, ry, street, office bldg. | farm, 20f. | (City or town) | (County) | (State) |
| S. | of the state of th | ME | p.r | | | e Not While at work |] | | 16 | 1.11 | | |
| S | R. / | | | y that (I) (this hos | pital) atten | ded the deceased | from | | 1965 t | | | hat (I) (we) las |
| E | cto ith shi | | saw the dec | ceased alive on | July | 111900 | , and that | death occurred | OUME | from the causes | 22b. DATE S | IGNED |
| 8 | IRE 3 | | 224. 91011110 | / 1 | 2. | 1. | | ATTENOING 4 | MED. DIRECTOR | STAFF PHYS. | | |
| AL | 4 may be 1 VERAL DIRE tor, page 3 d be filed w | | 22c/ PHYSICIA | IN'S | now | for any | M.D | PHYS. 22d. ADDRESS | DIKECTOR | PHIS. | | |
| II. | d be | | NAME (T | ype) | | | | | | | | |
| TO HOSPITAL | Page 4 may be retained by the hos To FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept. | 238 | REMOVAL (Sp | | | | | OR CREMATORY | | LOCATION (CIty, to | | (State) |
| X 1.0 | | 24 | Buria | | 7 18,1 | 966 Spri | n Hi | LI Ceme te | EC'D BY RE | GISTRAR 25b. RE | GISTRAR'S SIG | NATURE |
| V | R AI5 (4) | 6 | Par | XXXXX | owed | - Cambri | dge. | | JUL 2 | 5 1966 | Marlo | Quelas |
| | OM 1/65 | | Ture | CTI / I | | | 6-7 | DATE | | - | | 00 |

apple a but oran E. E. Againte the second second second . St m. Shimal Hearthman Pares | no ling 1.19cm Committee of the section .C.II Committee of the contract of the contrac angali. Lanct The state of the s mintal of the second second second second second second second the state of the s

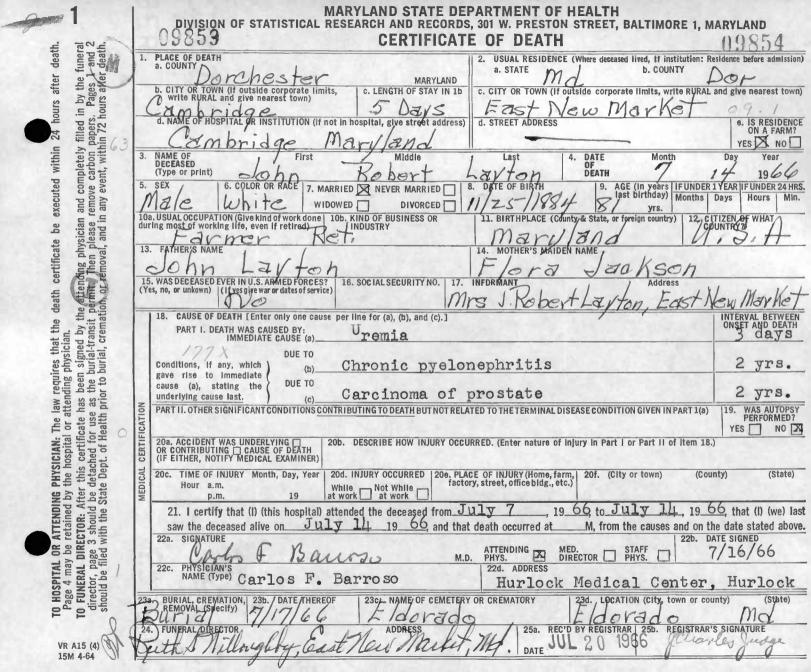
| 2-160 | MARYLAND STATE DEPARTMENT OF HEALTH | VIAND |
|--|--|-------------------------------|
| (IV) | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR' CERTIFICATE OF DEATH | UOOK 2 |
| death. funeral and 2 | | nce before admission) |
| 24 hours after death. filled in by the funeral apers. Pages 1 and 72 hours after death. | 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Resider a. STATE b. COUNTY | the petote admission) |
| after the es 1 | b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and | give nearest town) |
| by Pag | write RURAL and give nearest town) | 9-1 |
| hou hou | d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? |
| pape fill fill 7 | St. Stephens Navsing Home Middle St | YES NO E |
| ithin stely son with | DECEASED | ay Year |
| d windle cark | (Type or print) Sacoh Menni Son DEATH | / 10 - 0 |
| uter I col | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 1 1 1 1 1 1 1 1 1 | AR IF UNDER 24 HRS. |
| and and rem | VII ale Willowed Divorced 10/28/1880 102 yrs. | EN OF WHAT |
| be cian ase nd ir | | EN OF WHAT |
| ate hysi ple al, ai | 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME | 01111 |
| tific | Oznata laha usan Day Kuani | |
| 9 2 | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address | 20 / |
| OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within be retained by the hospital or attending physician. INECTOR. After this certificate has been signed by the attending physician and completely ge 3 should be detached for use as the burial-transit permit. Their please remove carbon ged with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with | (Yes, no, or unkown) (If yes give war or dates of service) Mr. Carsten Johannsen. Vien | m7.111d |
| the d | 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c) Heart Disease with | ITERVAL BETWEEN |
| at the an. I by rans cren | IMMEDIATE CAUSE (a) STATAL AC GECSHIPGHEAGTON | omos |
| ysici gne ial-t ial, | 4201 DUE TO Generalized Arteriosclerosis | lOyrs |
| ulres g ph an si bur | Conditions, if any, which gave rise to immediate (b) | |
| required beet the treet | cause (a), stating the DUE TO Cororport Sclerosis | |
| law atter has e as | | 9. WAS AUTOPSY PERFORMED? |
| The or sate ruse ealth | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) BilaterallyBlind Botondary anemia 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) | YES NO |
| AN: pital rtific of Hoof | 20a. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of injury in Part I or Part II of Item 18.) Contributing Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| PHYSICIAN: The law requires that the hospital or attending physician this certificate has been signed i detached for use as the burial-traine Dept. of Health prior to burial. | | |
| the this deta | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work | (State) |
| NG by ffter be Stat | | |
| ATTENDING retained by CCTOR: After CTOR: After S should be vith the Stat | 21. I certify that (I) (this hospital) attended the deceased from 120/05 19 to 1/29/00, 19 and that death occurred at 220 from the causes and on the deceased from 19 and that death occurred at 220 from the causes and on the deceased from 19 and that death occurred at 220 from the causes and on the deceased from 19 and that death occurred at 220 from the causes and on the deceased from 19 and that death occurred at 220 from the causes and on the deceased from 19 and that death occurred at 220 from the causes and on the deceased from 19 and that death occurred at 220 from the causes and on the deceased from 19 and that death occurred at 220 from the causes and on the deceased from 19 and that death occurred at 220 from the causes and on the deceased from 19 and that death occurred at 220 from the causes and on the deceased from 19 and that death occurred at 220 from the causes and on the deceased from 19 and that death occurred at 220 from the causes and on the deceased from 19 and that death occurred at 220 from the causes and on the deceased from 19 and that death occurred at 220 from the causes and on the deceased from 19 and 19 an | that (I) (we) last |
| CTO CTO | saw the deceased alive on 1/29/66 19 and that death occurred at 29M, from the causes and on the d | SIGNED |
| OR be | Turks Director M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 0 8/1. | ./66 |
| TAL may | 22c. PHYSICIAN'S Tarold B. Dlummer 22d. ADDRESS | |
| TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after | Freston Mary Land | |
| Pag Pag o Fl dire | 23a. BURIAL, CREMATION, 23b. DATE, THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) | 1 /n/ |
| 9 | 24. FUNERAL DIRECTOR ADDRESS P25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI | IGNATURE |
| VR A15 (4) | A the thirty of the E. of the Man All 5 1966 ocharles | |
| 15M 4-64 | fully. Thursday, can new Miller, Mer Poate AUG 5 1900 | 0 |

WARRENCE THAT

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11311 09858 CERTIFICATE OF DEATH death death requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funeral remave carban papers. Pages 1-and a. STATE a. COUNTY b. COUNTY Dorchester MARYLAND Dorchester b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Life Cambridge Cambridge ve carban papers. event, within 72 ho e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Cambridge Maryland Hospital 703 Leonards YES NO X Lane 3. NAME OF 4. DATE Day First Last Manth Year DECEASED William Luther Kiah 66 (Type ar print DEATH July 9. AGE (In years last birthday) IF UNDER IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Manths Days Haurs Male Negro WIDOWED DIVORCED 76 yrs. 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if refired) please **INDUSTRY** the attending physician sit permit. Then please Dorchester Co., Md 14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME ar remaval, Levin Mariah Manokey Jane Kiah 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give war ar dates af service Marie Klah Same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital or attending as the priar ta O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) af Health Bronchial asthma YES X NO far 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) 22b. DATE SIGNED 220 SIGNATURE MED. DIRECTOR XX 8/5/66 M.D. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) John Mace. Jr. director, shauld b 23a. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 8/6/66 Christ Rock Christ Rock 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR DATE AUG 29 24. FUNERAL DIRECTOR StClair Funeral Service AUG VR A15 (4) 20 M 1/66 1966 Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

| | | | 36080 |
|----------|--|------------|--|
| | Z Construction | | U.S. 1982. 17 |
| | | | |
| | anna Sassaniko (K.) | | Ligral (19) cms |
| | OUT OF STREET | es trait | 1,00k, 11 - 15 - 15 - 15 - 15 - 15 - 15 - 15 |
| | 1305 2061 .02 .793 | | |
| | | | |
| | Control of the state of the sta | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | a | |
| | | | |
| 20-5-9-5 | 8 - 881 FE 198 - 1886 - 2 | 11 de 03 8 | |



\$.... BELLEVIEW BINDS den trans, is one fan het Pederon bornels served

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before admission) a. COUNTY Dorchester b. COUNTY Maryland Dorchester after MARYI ANO Pages b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Cambridge 24 hours Life Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS e. IS RESIDENCE within 72 ON A FARM? Cambridge Maryland Hospital 717 Peachblossom Avenue NO X YES etely 3. NAME OF First Middle OATE Month Oay OECEASED ONEITA LeCOMPTE ANDREWS July 66 (Type or print) OFATH 19 executed 6. COLOR OR RACE 5. SEX 8. OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 7. MARRIEO NEVER MARRIEO Female Whi ta last birthday) Months I July 13, 1900 Oavs WIOOWEO K OIVORCEO [10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 1NOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife COUNTRY? USA The law requires that the death certificate be Dorchester Co., Maryland Home 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME James E. Andrews Emma Grav 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes give war or dates of service) Unknown Miss Eileen Andrews, Cambridge, Maryland CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND OEATH. PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed OUE TO 9 buri Cenditions. If any, which (b) been gave rise to Immediate OUE TO cause (a), stating the as th underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? NO T 0 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [tached f OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work P 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred at saw the deceased alive on M, from the causes and on the date stated above. 22a SIGNATURE DATE/SIGNED TO FUNERAL DIRE director, page 3 should be filed v ATTENOING **OIRECTOR** PHYS. M.O. PHYSICIAN'S 22C. NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) July 9, 1966 Greenlawn Cemetery Cambridge, Maryland Burria 24. FUNERAL DIRECTOR AOORESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR A.15 (4)

0'1'

- sub-trenui

All Tracketosson regnue

MANCONI SHORMY TIEMO 7

teals odes 13, 1900

the continue to read the continue to the conti

James E. Andrews

Windows Hiss Miles Aller Andrews, Comprison, Partition

Defaulte Committee Services Committees, Committees

Section | July 9, 1965 Greenland Conserve Cardy Line | Directors

| | 16 | K | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N | ADVI AND |
|---|--|---------------|--|---|
| æ | E 27 . | 1 | CERTIFICATE OF DEATH | 09856 |
| 24 hours after death. | funeral 1 and 2 er death. | 1. | PLACE OF DEATH a. COUNTY DOR CHESTER MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: R a. STATE MARYLAND DOR CHESTER | esidence before admission) |
| irs afte | Pages urs aft | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | and give nearest town) |
| 24 hou | ing physician and completely filled in by the fare the personance carbon papers. Pages 1 emoval, and in any event, within 72 hours after | 0 - | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? YES NO |
| ithin | etely bon p withi | 3. | NAME OF FIRST Middle Last 4. DATE Month OF | Day Year |
| ed w | e car | 5. | (Type or print) Mary Lednum DEATH JOLY | 9 19 6 6 1 YEAR F UNDER 24 HRS. |
| executed within | and c emov any e | | DIVORCED DIV | |
| | Sician and in | 10 du | a. USUAL OCCUPATION (Give kind of work done Industry) 11. BIRTHPLACE (County & State, of foreign country) 12. C 13. C 14. C 15. C 16. C 17. C 17. C 18. C 18. C 19. C | UNTRY? |
| ificat | Their phy removal, | 13 | FATHER'S NAME 14. MOTHER'S MAIDEN NAME | |
| PHYSICIAN: The law requires that the death certificate be | rage 4 may be retained by the mospital of attending pristical. 'O FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. The should be filled with the State Dept. of Health prior to burial, cremation, or remains. | 1 (Y | F. WAS DEC EASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes give war or dates of service) | tou Due |
| it the de | d by the ransit pe crematio | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Con gestive heart failure | INTERVAL BETWEEN ONSET AND DEATH |
| res than | signed burial-t burial, | | conditions, If any, which DUE TO Pneumonia | 5 days. |
| w requi | s been is the rior to | | gave rise to immediate cause (a), stating the underlying cause last. | |
| The lar | cate har use a sealth pl | CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? |
| SICIAN: | certifiched fo | | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18. (IF EITHER, NOTIFY MEDICAL EXAMINER) | .) |
| IG PHYS | ter this se detail | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work | inty) (State) |
| O HOSPITAL OR ATTENDING | R. Af | | 21. I certify that (I) (this hospital) attended the deceased from May 17, 1966, to July 9, 196 | 6, that (I) (we) last |
| A E | ECTO 3 sh with | | saw the deceased alive on July 19 Gb, and that death occurred at James AM, from the causes and on t 22a. SIGNATURE 22b. D | ATE SIGNED |
| AL OF | page filed | | 222. SIGNATURE Carlos & Sautro M.D. ATTENDING MED. DIRECTOR PHYS. 7/ 22c. PHYSICIAN'S 22d. ADDRESS | 9/66 |
| DSPIT | INERA Ctor, ald be | _ | NAME (Type) Carlos F. Barroso, M.D. Hurlock, Medical Center, | |
| TO H | TO FI dire | 23 | a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spepify) July 11.1966 Box man terreties Box man | ma |
| VR | A15 (4) | 2 | ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR | S SIGNATURE |
| | M 4-64 | MZ | Hamfelow Harrison, St Mickall DATE JUL 12 1956 Julia | my judge |

BERRY Particular Dinnels Land Sand Votes BOAT A THE PARTY OF THE PARTY O

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmission) a. COUNTY .. STATE Maryland b. County chester ō files. b. CITY OR TOWN (if oulside corporale limits, MARYLAND c. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) East New Market, R.D. East New Market, R.D.

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospile), give straet address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Rural Tr.16 YES NO Stat 3. NAME OF 4. DATE Middle Month DECEASED OF DEATH July 31,1966 (Type or print) Arthur Marshall 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months WIDOWED DIVORCED Jan. 16, 1904 within Mola White 1 10b. KIND OF BUSINESS OR INDUSTRY | 11. Give Pages 1, 2, 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U.S. Near Vienna, Dor. Co. Laborer
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katherine Conner Arthur J. Marshall 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give were rdetes of service) MrssEva Marshall, Muir St., Cambridge 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Carcinoma oesophagus o mos. DUE TO ō plnods .⊆ Conditions, if eny, which (b) gave rise to Immediata cause Medical Examiner's DUE TO (a), stating the underlying cause lest. 3 should be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E NO T 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) While Not While factory, street, office bldg., etc. Hour a.m. at work at work DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED FUNERAL SIGNATURE EXAMINER'S ò DEPU NAME (Type) John Mace Address (Sireel, city, town, or county) Cambridge. 4 shoul O FUN Health 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) 2.1966 East New Market Cemetery, East New Market, Md. Burial FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE 1966 VR AISME

A STANDARD STANDARD AND A CHARLES AND A STANDARD STANDARD AND A ST alterest and on Journal 251 Jouli, gradual

VR A15 (4)

2418

36881 The state of the s Per la se management de la companya Personal and the second state of the second state of the second s 但数元章理事而增加。 Louis 7. 1800 Herological Facts Compression Compressio in order that all the contract of the contract

MILIAN TO PROMISE AND SEASON PROPERTY.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Dorchester Dorchester Maryland MARYLAND the funeral Department after death. b. CITY DR TDWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hurlock - Rural 20 years Hurlock - Rural d. NAME DF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS S ON A FARM? 3 to 1 State hours Near Williamsburg Near Williamsburg ND 3 YES 2, and PM3. 3. NAME OF First Middle Last DATE Month Day DECEASED 19 66 McClain July Katie Mae DEATH (Type or print) 2 with within after death. If a 8. Give Pages 1, 3 ong with form F 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months Days Hours August 6, 1918 Female Negro WIDOWED [DIVORCED [N and 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) INDUSTRY 24 hours after in Item 18. Giv South Carolina Home Housework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 E Linnie Cook Fleming Crosland and Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT = (Yes, no, or unkown) (If yes give war or dates of service) Geneva Crosland, Hurlock, Maryland, RFD 237-18-2602 should be executed within word "pending" in pencil i Chief Medical Examiner's permit. removal INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion Instant al-transit 0 IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the g underlying cause last. used as to burial, (c) WAS AUTOPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? EXAMINER: This certificate certificate, writing the vould be forwarded to the ND Y YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS OL PRIMARY TO OF CONTRIBUTING T P CAUSE OF DEATH. shoul 3 shou agent, MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, inquiry and in my ppinion es DIRECTOR: **Homicide** Undetermined manner death resulted from: Natural causes XX Accident Suicide CHIEF MEDICAL EXAMINER your execute . Page 4 22. DATE SIGNED ACTUAL SIGNATURE for Or DEPUTY MEDICAL EXAMINER FUNERAL I 7/6/66 **EXAMINER** please e retained Address (Street, city, town, or county) NAME (Type) John Mace 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 New Market Md 966 East New Market Cemetery near 25a. REC'D BY REGISTRAR 25b FUNERAL DIRECTOR And Son, Federalsburg, Maryland 1966 DATE 3500 4-64

Buriocic - Eurel Biving of January antique daugh Vencyn geginne, Burlock, Marylone, RE THE PARTY OF THE PARTY OF THE COMPTON WARE TO SELECT STREET Seed of the San, Sederal above, Marchand ...

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 09865 CERTIFICATE OF DEATH with directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Desidence before opmission) o. COUNTY o. STATE filed b. COUNTY Dorchester MARYLAND Maryland death. b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write-RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Hurlock d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM Belle Haven Nursing Home YES NO NAME OF 4. DATE Middle Lost Month Day DECEASED OF DEATH (Type or print) George McDowell 1966 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months white WIDOWED DE DIVORCED [male 6 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending physician please remave o EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) cm ho DUE TO that Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc. Hour o. m. While Not while of work of work p. m. June 66 21. I certify that (1) (this hospital) attended the deceased from._ _1966, and that death occurred of 0: 20 them the causes and on the date stated above. saw the deceased olive on July 22o. SIGNATURE 22b, DATE SIGNED ATTENDING PHYS. MED. M.D. should 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Hurlock, Medical Center, Hurlock. Md Carlos F 230. BURIAL CREMATION. 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, or county) (Stote) 25b, REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) 1SM 9/59

tageo CHIEF CETER MENT telle level alles The state of the second of the With the Land to the contract the contract to Carlos I. Barrogs A SERVICE SERVICE STREET STREET STREET SERVICE SERVICES S

funeral the ad 2 = completely and law requires that the death certificate be physician aftending ple physician. ached

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If Institution: Residence bafora edmission) . COUNTY b. COUNTY Dorchester Dorchester Maryland MARYLAND CITY OR TOWN (if outside corporata limits, write RURAL end give neerast town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Cambridge-Maryland Hospital 313 Muir Street 3. NAME OF Lest Middle 4. DATE Month DECEASED Richard H. McDowe 11 July (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH last birthday) Male White 2-20-08 58 WIDOWED T DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) Georgetown, Delaware Office bldg. Custodian 14. MOTHER'S MAIDEN NAME Lina Roach Hiram McDowell 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 217-10-3516 18. CAUSE OF DEATH [Entar only one cause per lina for (e), (b), end (c).] PART 1. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immadiata causa DUE TO (a), stating the underlying

9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX Months 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) U.S.A. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service) Pearl E. McDowell, Cambridge, Maryland INTERVAL BETWEEN ONSET AND DEATH 10 Min. Arterio sclerotic cardio vascular renal disease 1 yr. + ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Bronchial asthma. Diabetes mellitus NO X 2Db. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of itam 18.) 2Da. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED fectory, streat, offica bldg., etc.) While Not While Hour a.m. et work 7-10-19 66 . 1966, that (1) (XX) last saw the deceased alive on 7-10- 1966, and that death occurred a4:30M, From the causes and on the date stated above. 22b. DATE 22a, SIGNATURE SIGNED ATTENDING MED. STAFF 7-12-66 PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S H. Wolff. Eldridgé Locust Street, Cambridge, Maryland NAME (Typa) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Spacify) Laurel, Delaware Laurel Hill Cem. Burial 7-12-66 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Laurel. Delaware H. L. Disharoon

. IS RESIDENCE ON A FARM?

YES NO X

1966

Year

Day

10

VR A15 (4) 15M 7-62

0

Cambridge Toriet Statemen militar missiella ninella H. C. Dinnarcon Laure, uplayed to the the

| 1 | | | | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA | RYLAND |
|--|------------------------------|----|---------------|--|----------------------------|
| FOR STATE | | | | 09867 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 09862 |
| HEALTH | DEPJ. | | 1. | PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COUNTY MARYLAND MARYLAND | esidence before admission) |
| neral ny be | ment eath | | _ | b. CITY OR TOWN (if outside corporate limits, write RURAL water RURAL and RU | |
| S ma | Depart after d | | - | d. NAME OF H. SPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS | MC 22 - 2 |
| ay to | f11 | 30 | | Hurlock Box 94 Rt # 1 | ON A FARM? YES NO |
| y del | the Si 72 ho | | 3. | NAME OF First Middle Lest 4. DATE Month DECEASED (Type or print) He wright 5 Mc Glatte DEATH 7 | Day Year 24 19 66 |
| S 1, 2 | 2 with within | | 5. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER last birthdey) Months I | |
| Page ith fo | l and 2 event w | | 10a | DIVORCED DIVORCED VEGO STATE OF STATE O | ITIZEN OF WHAT |
| Give Give | | | | Housework Own home Maryland | U.S.A. |
| m 18. | Dag. | | 13. | William Waters Emma Concardy | |
| in Ite | File al, and | | 15 (Ye | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unknown) (If yes give war or dates of service) | T. D. |
| it in it is | move move | | _ | No Unknown Alma Cain, Hurlock, Md. R | INTERVAL BETWEEN |
| ted w | S TO | | | 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure | ONSET AND DEATH |
| execu ding" | al-trans ation, c | | | Conditions, if any, which (b) Acute alcoholism | 2 |
| "pen f Med | a burial | | | cause (e), stating the DUE TO | |
| shou word Chie | ed as a burial, | | NO | underlying cause last. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY |
| ficate the o the | t c | 0 | CATI | | PERFORMED? YES NO |
| s certi | uld be prior | | CERTIFICATION | 20a. EXTERNAL CAUSE WAS PRIMARY OF OF OCUMENT OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18. CAUSE OF DEATH. |) |
| KAMINER: This cer certificate, writin uld be forwarded | e 3 should 1 d agent, pri | | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (Country of the country of the | unty) (State) |
| | CTOR: Page designated | | | 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted from Natural causes for Accident . Suicide . Homicide . Undetermined manner | and in my opinion |
| 4 Sp. 1 | DIRECTOR: r its design | | | CHIEF MEDICAL EXAMINER | |
| WED Kecute Page 4 | or its | | | SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER | 22. DATE SIGNED |
| - 0 | E . | 2 | | NAME (Type) Address (Street, city, town, or county) | 7/25/00 |
| please edirector. | of He | 0 | 23a | BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or contribution) 7-30-66 34 and Church Cem. Sharkbown | unty) (State) |
| VR AL | 5ME (5) | R | 24 | Loretta L. Jalley - Jersey Rolling Date AUG 1 1966 your | SIGNATURE |
| 5M | 1/65 | 15 | | Loretta D. Jalley - Jevely Balleshury DATE AUG I 1966 yolla | very Judge |

THE RESERVE OF THE PROPERTY OF SD86H or I served als ball. Tenne project and the second s the formation of the second se William Linders English Clean By cinicación de la compania del compania de la compania de la compania del compania de la compania del la compania de la compania de la compan Market British of the Silver John Person v.V.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH the funeral PLAGE OF BEATH after death and 1. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 Dorchester MARYLAND Dorchester b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b nding physician and completely filled in by Then please remove carbon papers. Pag removal, and in any event, within 72 hours hours Cambridge days Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Cambridge-Maryland Hospital, Inc. 403 Skinners Court YES NO 4 executed within 3. NAME DF DECEASED First Last 4. DATE Month Middle (Type or print) Ynette DEATH 19 Daon Nelson July 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS NEVER MARRIED X last birthday) Months Days Hours Female DIVORCED Negro WIDOWED July 5. 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) United States None Dorchester, Maryland certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fula Pearl Travers Charles Francis Havne 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? Address Skinners 16. SOCIAL SECURITY NO. 17. INFORMANT has been signed by the atten as the burial-transit permit. prior to burlal, cremation, or 403 (Yes, no, or unkown) | (If yes give war or dates of service) Court that the death NO Mother Cambridge. Nelson. INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the er this certificate has be detached for use as to the Dept, of Health prior underlying cause last, (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES ND N 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. J FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State Not While ATTENDING be retained by at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 5 July 1966, and that death occurred at M. from the causes and on the date stated above. saw the deceased alive 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR M.D. Page 4 may ADDRESS PHYSICIAM'S NAME (Type) Edwin Fassett. Pine Street Cambridge, Md. BURIAL, CREMATION, REMOVAL (Specify) Burial NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. DATE THEREOF 2 Dorchester County. Md. Linas Road Cemetery 1966 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S PUNERAL DIRECTOR VR A15 (4) Zeambridge, Md. DATE 15M 4-64

Engel: Tollayings a Luines Road Cemetery | Darenoster County, Il.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09864 FOR STATE 09869 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE MACHIAND a. COUNTY deloy is and 3 ta MARYLAND Docchester c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) (If autside carparote limits c. LENGTH OF STAY IN 16 ite RURAL and give negrest tawn) up 2 mas mbRIDGE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS hours Office along with form in pencil in Item 18. Give Poges 1, YES 🗌 NO be executed within 24 hours after death. 3. NAME OF 4 DATE last Month Day Year DECEASED 1966 within (Type or print) DEATH S. SFX NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED lost birthdoy) Months WIDOWFD DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most af working life, even if retired) COUNTRY? INDUSTRY SCHOOL School Chief Medical Exominer's TEACHER 13. FATHER'S NAME UNKNOWN UNKNOWN pup 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address removol, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ERMINAL 00 EUME IMMEDIATE CAUSE (o) This certificate should writing the word burial, cremation, DUF TO forwarded to the NECK CTURE Canditians, if any, which gove rise to immediate couse (o). DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) ogent, prior to 20a. EXTERNAL CAUSE WAS PRIMARY ☐ ar CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) AL EXAMINER: USHED CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year factory, street, office bldg., etc.) O FUNERAL DIRECTOR: Page ot wark 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X and in my opinion death resulted frame Natural causes Accident 🔀 Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Health Address (Street, city, tawn, or county) NAME (Type) 23d. LOCATION (City or Town) (County) (St. Taylors Island, Maryland 23c. NAME OF CEMETERY OR CREMATORY
Grace P. E. Churchyard 230. BURIAL CREMATION. July 19 1966 (Stote) BUTTA (Specify) 24. FUNERAL DIRECTOR
LeCompte Funeral Service, Cambridge, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charley VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

2 The Market and the Court of the

| | 09870 | | MEDI | ICAL EXAMINER | S CERTIFICATE | OF DEATH | 09865 |) |
|---------------|---|--|-----------------------------|---------------------------------------|--|--|---------------------------------|-------------------|
| 1. | o. COUNTY | chester | | | O CTATE | (Where deceased lived, if institution b. COU | MTV | ioN |
| | | If autside carparate limit | its | MARYLAND C. LENGTH OF STAY IN 1b | | autside carparate limits, write RU | Unknown | |
|] | Will | ive negrest town) | 113, | l week | Unkne | | 48 - 3 | |
| | d. NAME OF HOSPIT | AL OR INSTITUTION (If n | nat in haspital, gi | ive street address) | d. STREET ADDRESS | | e. IS RESI ON A F | |
| I | Edger Hu | bbard Lal | bor Car | mp | Unkno | own | YES X | NO _ |
| | NAME OF DECEASED (Type ar print) | Muldre | irst e d | Middle Ol | iver | 4. DATE Man | | ear 66 |
| I | SEX Female | 6. COLOR OR RACE Negro | | NEVER MARRIED NEVER MARRIED | 8. DATE OF BIRTH Unknown | A AGE (la years last billing) | Manths Days Haurs | ER 24 HRS Min. |
| du | ring mast of working Migrant | (Give kind of work done life, even if retired) Laborer | IND | oustry arm labor | 11. BIRTHPLACE (Stote | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13 | I. FATHER'S NAME | Unkno | own | | 14. MOTHER'S MAIDEN | name | | 10 |
| 10 | | R IN U.S. ARMED FORCES? (If yes give war or dates | | OCIAL SECURITY NO. 17 | Framptom I | Addre Funeral Home | | Md. |
| | 18. CAUSE OF DE | EATH (Enter only one co | | | | | Sever | TWEEN |
| | 322 | IMMEDIATE CAUSE | (a) | Acute alco | holism | | hours | |
| | Canditions, if ony, | which gove | (b) | | | | 110ul s | 3 |
| | rise to immediate stoting the under | | E TO | | | | | |
| | last. |) | (c) | A DESTRIBUTION PELATER T | THE TERMINAL DISEASE OF | AUDITION ONE IN DARK 1/1 | 19. WAS AUT | TORCY |
| ATION | PART II. UTHER SI | GNIFICANI CONDITIONS C | CONTRIBUTING TO | D DEATH BUT NOT RELATED TO | O THE TERMINAL DISEASE (| ONDITION GIVEN IN PART 1(a) | 19. WAS AUT PERFORM YES X | NO [|
| CERTIFICATION | 20a. EXTERNAL CA PRIMARY ☐ or CON CAUSE OF DEATH. | | 20b. DES | CRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in | Part I ar Part II of item 18.) | | |
| MEDICAL | 20c. TIME OF INJU Haur a.n p.n | 10 | 20d. IN While at wark | Nat While fe | LACE OF INJURY (Hame, far actary, street, office bldg., etc | m, 20f. (City or tawn) | (Caunty) | (State) |
| | 21. I certify death result | | ge af the rem | ains described abave, , Accident, Su | held an Autopsy 🔼, vicide 🔲, Homicid | Inspection, Inque Undetermined m | , | opinia |
| | ACTUAL | | 2- | 1 | CHIEF MEDICA | L EXAMINER | 22. DATE | e cichen |
| | SIGNATURE | John I | M | week. | | DICAL EXAMINER L | | |
| | NAME (Type) | John - | Mace J | | | et, city, tawn, or county) | (/1 | 13/6 |
| | MAINT (TABLE) | IN, 23b. DATE TH | | | 1 | | | |

benigual, broad law . Also portyget avertyles .agel, il side, a . Lawrence Surfaced to a surface of the surface of the surfaced to the surface of the surfac

MARYLAND STATE DEPARTMENT OF HEALTH

| ansen | | 12821 |
|-------------|--|--------------------|
| metal monor | | Dancanies July |
| | | |
| 7 | | Martin Co. Duni |
| 00 1 | | |
| | | or of sight. |
| AL AL | C C control on the co | |
| | Secured alocal and the second | |
| | | |
| | | |
| | THE MAN AND RESPONDED TO THE PARTY OF | |
| | | |
| | | |
| | | |
| | | |
| | | |
| . A. Agairt | | ortonius Tree Tree |
| | In the second se | Markett Market |
| | and the second s | v.rak.v spinoled |

ortina to Link

| | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY | | | | | | |
|---|--|--|--|--|--|--|--|
| TATE | 09872 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (19) | 367 | | | | | |
| DEPT. | e. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edimission a. STATE Maryland b. COUNTY Dorchester | | | | | |
| desih. | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cambridge c. CITY OR TOWN (If outside corporate limits, write RURAL and give no Cambridge) | | | | | | |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Cambridge Maryland Hospital d. STREET ADDRESS 757 Race Street | o. IS RESIDENCE ON A FARM? YES NO XX | | | | | |
| nours affer | 3. NAME OF First Middle Last 4. DATE Month Day (Type or print) HILDA MARIE PARKER DEATH July 1, | Year 19 66 | | | | | |
| 5 | 5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female 9. AGE (In years IF UNDER 1 YEAR Months Deys Months Deys Yrs. | | | | | | |
| 1(d | 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF | WHAT COUNTRY | | | | | |
| 13 | 13. FATHER'S NAME Howard Wroten 14. MOTHER'S MAIDEN NAME Effie Creighton | | | | | | |
| 15 (1 | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (Ifyasgivewarordetesofservice) Unknown Granville G. Parker, Cambridge, Maryle | and | | | | | |
| Function District One rage 3 should be used as a buffairfairst permit. The pages and 2 mile is designated agent, prior to burial, cremation, or removal, and in any event within 72 | IMMEDIATE CAUSE (a) Coronary occlusion DUE TO Conditions, if eny, which gave rise to immediate cause (a), slating the underlying cause last. DUE TO (c) | ET AND DEATH 5 Mins WAS AUTOPSY PERFORMED? | | | | | |
| r to burial, c | YIE 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY _ or CONTRIBUTING _ O CONTRIB | в Пио 🗵 | | | | | |
| MEDICAL O | | (Steta) | | | | | |
| | 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection K_, Inquiry, and it death resulted from: Natural causes K_, Accident, Suicide, Homicide, Undetermined manner | in my opinion | | | | | |
| 5 2 | EXAMINER'S John Mace Jr. M.D. Address (Street, city, town, or county) Cambridge, 12a, BURIAL CREMATION, 22b. Date thereof 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) | Md. | | | | | |
| _ | Burial Specify July 3, 1966 Dorchester Memorial Park Cambridge, Maryland | | | | | | |
| 8 | 23. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland DATE JUL 6 1956 Michaele | Judge | | | | | |
| 16 | | 11 0 | | | | | |

n.e.4 1

ornevigen in remover. Combined to

ment of the state
and the contract of the contra La company and a contract of the contract of t

VR A15 (4) 20M 1/65 Target with Marie .

Bo ... Gov. Total

deve Charles Oregen

STATISTICS.

energy energy and the second

Unimove to the same shall be the same the bearing

isCompte Formal Service, Cambridge, Morryland, U.

MARYLAND STATE DEPARTMENT OF HEALTH

Rayers. ALL CITY The section of the se

The state of the s

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Dorchester a. STATE Marvland b. COUNTY Dorchester Pages 1 urs after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Bay/Side//New/York day .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Maryland Hospital event, within Unknown RFD NO A YES within etely 3. NAME DF DATE First Middle Last Day Year DECEASED HAROLD PORTER 19 66 E. July 16 (Type or print) DEATH executed 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. NEVER MARRIED last-pirthday) White Months I Male June 24, 1882 WIDOWED X physician and in year and in = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Machine Shop Operator Machinist COUNTRYS death certificate be Brooklyn, New York 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William A. Porter Harriett Baldwin 17. INFORMANT transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) Unknown Mrs. Austin Steele, RFD 3, Cambridge, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN The law requires that the ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: hospital or attending physician. E more IMMEDIATE CAUSE (a) Jings been so the burian or burian o DUE TO Conditions, If any, which (b) gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate YES X NO T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) be de State I factory, street, office bldg., etc. Hour a.m. After Id be d Not While OR ATTENDING at work at work 3 should with the S 3 -6 196-6. that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1966 to_ DIRECTOR: 1967, and that death occurred at 135 M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a SIGNATURE page M.D. DIRECTOR PHYS. тау TO FUNERAL director, pa HOSPITAL 22C. PHYSICIAN'S 22d. ADDRESS NAME (Type) TAI Baumann. 603 Church St. should Cambridge Me . 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Flushing, New York 22. 1966 Flushing Cemetery Burial 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | LeCompte Funeral Service, Cambridge, Maryland VR A15 (4)

20M 1/65

95 829 HAT MAN HOW YER Interest been been an interest 35 7500 CERTAIN n. Emply John De 1.62 Specifical transferred de la Model de la contraction TANGE . A MOLECULAR BODIE MOITER Ars. Marth Steeler 180 2, Canoridge, Mr. ALC: NO LESS THE out offered to demand and Muly 22, 1968 Thursday Cemolegy

| II . 8 | MARYLAND STATE DEPARTMENT | OF HEALTH |
|---------------|--|--|
| IV | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRES O9876 CERTIFICATE OF DEA | TON STREET, BALTIMORE 1, MARYLAND |
| 1 | | DENCE (Where dacassed lives, if institution: Psideace before admission |
| | · county her too maryland - ma | 1. Country hoster |
| | | OWN (If outside corporate limits) write PORAL and give neerest town) |
| - | comescage dele las | nt. md of |
| ı | d. STREET AD | ON A FARM |
| 13 | 3. NAME OF DECEASED First Middle Last | YES NO NO NO NO NO NO NO NO |
| | (Type or print) Comara - Xess | OF DEATH 7 4 19-66 |
| 1 | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH | 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS |
| - | 100 USUA) OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHYLAGE | 85 8 Dyrs. Monnis 5073 Hours |
| | 10.5 USUAL OCCUPATION Give kind of work done fouring most of working life, even if retired) | (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTR |
| 1 | FATHER'S MAME | AIDEN NAME |
| 1 | John Jonny - Bente | co phose |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. NFORMANT | A. Address |
| - | 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cardiac Decompensation | ONSET AND DEATH |
| | DUE TO | |
| | Conditions, if eny, which governs to immediate cause | ascular Disease |
| I | (a), stating the underlying DUE TO | |
| 12 | | TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS |
| CATIV | | PERFORMED? YES NO |
| CEPTIEICATION | E ZOB. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH III IF EITHER, NOTIFY MEDICAL EXAMINER) | njury in Pert I or Part II of itam 18.) |
| | | ne, ferm, { 20f. (City or town) (County) (Stete) |
| MEDICAL | Hour e.m. While Not While fectory, street, office bld | g., atc.) |
| | 21. I certify that (I) (this hospital) attended the deceased from January. | 19.66 to In 19.66 to We) la |
| | saw the deceased alive on19, and that death occurred | atM, from the causes and on the date stated above |
| | 22a. SIGNATURE ATTENDING | MED. STAFF SIGNE |
| L | 22c. PHYSICIANY 22d. ADDRES | |
| | NAME (Type) J. Edwin Fassett, M.D. 727 P | ine St., Cambridge, Md. |
| 2 | 23. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOC TION (City, town or sunty) (Stete) |
| X | sured 1-1 69 Delper com | e. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE |
| 5 2 | 15- 6 m | THE JUL 19 1966 Acharles Judge |
| = | | |

| 90 | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 | 1 |
|---------|---|-------------------------------|
| | 09877 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 1326 |
| 1 | PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence | befare odmission) |
| | a. COUNTY Dorchester Maryland Maryland b. COUNTY Dor | chester |
| 63 | b. CITY OR TOWN (If outside carparate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give n | |
| 5 | write RURAL ond give neorest town) Cambridge Life Cambridge | 79 1 |
| | d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS d. STREET ADDRESS | e. IS RESIDENCE |
| 63 | Cambridge Maryland Hospital 411 Skinners Ct. | ON A FARM? YES NO SE |
| | 3. NAME OF First Middle Lost 4. DATE Month | Day Year |
| | OF DEATH JULY | 28 19 66 |
| | S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. 8. DATE OF BIRTH 9. AGE (In years I F UNDER 1 Y) | EAR IF UNDER 24 HRS. |
| | Female Negro WIDOWED DIVORCED June 26, 1919 17 yrs. Months D | oys Hours Min. |
| | 1 12 CITIZI | EN OF WHAT |
| 1 | during most of working life, even if retired) INDUSTRY Maryland I | ISA |
| | I3. FATHER'S NAME Maryland 14. MOTHER'S MAIDEN NAME | TOPE |
| | Major Ross Florence Travers | |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address | |
| | (Yes, na, or unknown) (If yes give wor ar dates of service) 220-10-6676 Florence Travers Cambridge | . bM . |
| | 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary osciusion | 30 Mins |
| | +201 DUE TO | |
| | Conditions, if any, which gove rise to immediate cause (o), | |
| | stating the underlying cause (Duc 10 | |
| | last. (c) | |
| 0 3 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? |
| O | OO. ENTERNAL CAUSE MAR | YES NO |
| DIL | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| | | 10 |
| MEDICAL | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, Haur o.m. 20f. (City ar tawn) (Caunt foctory, street, office bldg., etc.) | y) (State) |
| | p.m. '' jot work 🗀 ar work | |
| | | and in my opinian |
| | death resulted from: Natural causes 🕱, Accident 🗌, Suicide 🗍, Homicide 🗍, Undetermined manner | |
| | ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER | 22. DATE SIGNED |
| | M.D. 25012V MEDICAL STANDARD ST. 8/1/66 | |
| 2 | NAME (Type) John Mace, Jr. Address (Street, city, town, ar caunty) Cambrid | ge, Md. |
| 1 | 330. BURIAL CREMATION 23b. DATE THEREOF 1.23c. NAME OF CEMETERY OR CREMATORY 1.23d LOCATION (City of Town) (Co | ounty) (Stote) |
| 2 | Burial 8/2/66 Bethel Cambridge Dog | Md. |
| | 24. FUNEPAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGN | VATURE |
| | - The level C: Water Combination was low AUG 10 1966 Ochion | Las Quedas |

MARYLAND STATE DEPARTMENT OF HEALTH

and the first the first to the

The terminal provides the control of
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09878 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before odmission) o. COUNTY o. STATE delay is and 3 ta of Dorchester Maryland death. Dorchester MARYLAND Department c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) after Life Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office alang with farm 601 School House Lane D.O.A. Cambridge Md. Hospital in Item 18. Give Pages YES NO TX 24 haurs after death. 3. NAME OF 4 DATE Month Lost within 72 DECEASED Sheela Rowlev July 66 (Type or print) DEATH S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Hours May 26. 1966 Female Negro DIVORCED WIDOWED event 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mortion working life, even if retired) INDUSTRY None TYSHIRY? Cambridge. Md. any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Nelson Ernestine Rowley pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address This certificate shauld be executed (Yes, no or unknown) (If yes give wor or dotes of service) e certiticate, writing the word "pending" is shauld be farwarded ta the Chief Medical ar remaval. Ernestine Rowley None Cambridge. Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Toxemia day IMMEDIATE CAUSE (o) __ burial, crematian, DUF TO Acute respiratory infection Conditions, if ony, which gove L day rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? TO FUNERAL DIRECTOR: Page 3 snuova Control of the designated agent, priar to be NO PA the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (Stote) foctory, street, office bldg., etc.) Not While at work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry , and in my opinion death resulted fram: Natural causes 🕱 Accident . Suicide . Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7/18/66 DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) Cambridge. John Mace Jr. NAME (Type) 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) Burial (Specify) 7/17/66 Beckwith Cemetery Dorchester. Md. 1966 REGISTRAD'S SIGNATURE 24 FUNERAL DIRECTOR St. Clair 2So. REC'D BY REGISTRAR Cambridge, Md. VR ATSME (5)

3 14/11/

MARYLAND STATE DEPARTMENT OF HEALTH

| | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA | RYLAND |
|---------------|--|---|
| 1 | 09879 CERTIFICATE OF DEATH | 1328 |
| 1 | PLACE OF DEATH e. CDUNTY Dorchester ARRYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence and Dorchester) b. COUNTY Dorchester MARYLAND | idence before admission) rchester |
| | b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Cambridge c. CITY DR TOWN (if outside corporate limits, write RURAL er Cambridge c. CITY DR TOWN (if outside corporate limits, write RURAL er Cambridge c. CITY DR TOWN (if outside corporate limits, write RURAL er Cambridge) c. CITY DR TOWN (if outside corporate limits, write RURAL er Cambridge) | nd give nearest town) |
| | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Cambridge-Maryland Hospital R. F. D. #1, Box 9 | e. IS RESIDENCE ON A FARM? YES ND |
| 60) | NAME OF First Middle Last 4. DATE Month OF OF UT Sampson DEATH July | Day Year 31 19 66 |
| | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) Male Negro WIDOWED DIVDRCED July 30, 1896 70 yrs. | |
| | Da. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) Day Laborer Day Laborer 1Db. KIND DF BUSINESS DR INDUSTRY Steel Mill Dorchester Co., Maryland | IZEN DF WHAT INTRY? USA |
| ľ | 3. FATHER'S NAME John Sampson 14. MOTHER'S MAIDEN NAME Mary Thompson | |
| (| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) Yes WW I 215-07-3408 William E. Sampson, East New Mark | tot Md P |
| | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident | INTERVAL BETWEEN DNSET AND DEATH |
| | Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO | |
| CEPTIFICATION | | 19. WAS AUTDPSY PERFORMED? YES NO |
| | | |
| MEDICAL | 20c. TIME DF INJURY Month, Day, Yeer 2Dd. INJURY DCCURRED 2De. PLACE DF INJURY (Home, farm, Place of the control of the contro | ty) (State) |
| | 21. I certify that (I) (this hospital) attended the deceased from July 17, 1966, to July 31, 1966, saw the deceased alive on July 31, 1966, and that death occurred at M, from the causes and on the | date stated above |
| | M.D. ATTENDING MED. STAFF PHYS. 7-3: | 1-66 |
| 2 | NAME (Type) J Edwin Fassett, M.D. 727 Pine Street, Cambri 33. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count | |
| -2 | Burial Aug. 3, 1966 Thompsontown Cemetery Near East New Mar Part Funeral Director Address 255. REGISTRAR'S Framptom and Son, Federalsburg, Maryland Date AUG 11 1966 Action | |
| | prometraciptom 1, statistics, Maryland DATE AUG II 1906 guar | un junge |

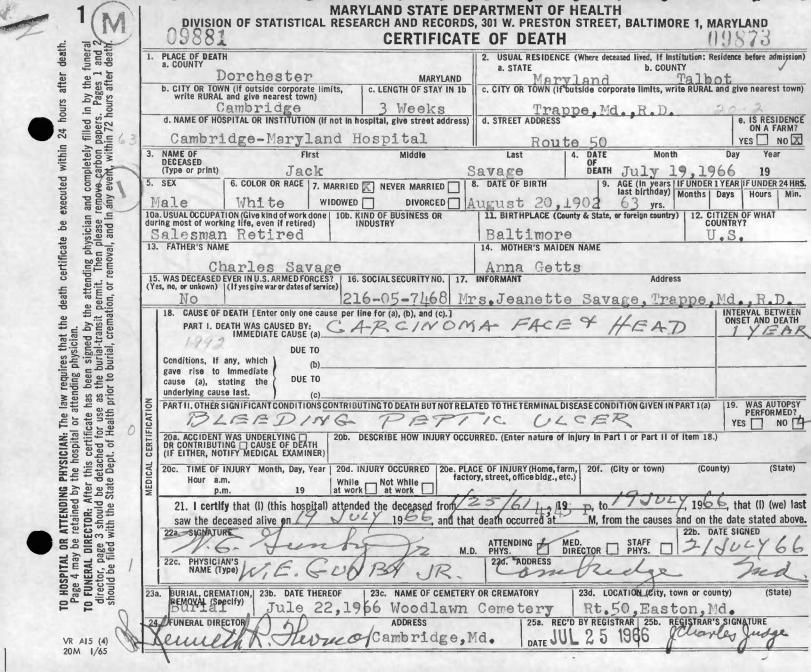
V

U

ASELL Lastered Bus Lyrell- ... hirden the form of the first time and time an TIS-07-3400 ATHER S. SAME. BEST VILLER The State of the Upper Lines Protection CONTRACTOR OF THE PROPERTY OF All safe les that had walkers reconnected to be that the like the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201, 09880 CERTIFICATE OF DEATH papers. Pages I and z hin 72 hours after death. be executed within 24 haurs after death campletely filled in by the funeral ave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY o. COUNTY Dorchester MARYLAND Maryland Dorchester c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, Can bridge Life East New Market e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Cambridge Maryland Hospital NO T YES 3. NAME OF 4. DATE Doy Year First Middle Last attending physicing environment. Then please remaye carban DECEASED 66 July 26. Marjorie 19 DEATH (Type or print) Sampson IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED X **NEVER MARRIED** last birthdoy) Manths Dovs Haurs Female Negro WIDOWED DIVORCED July 5. 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Dorchester Co., Md. USA PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME ar remaval Edith E. Coleman Henry Floyd 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dotes of service) 213-14-6762 Bertha Dockins East New Market Mo INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Heart Disease IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been far use as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO E Diabetes Mellitus 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20a, ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20e. PLACE OF INJURY (Hame, form, (City or town) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While p.m. ot work 21. I certify that (I) (this hospital) attended the deceased from May 1, 1 saw the deceased alive on July 26, 1966, and that death accurred at 1965 to July 26, 1966, that (1) (we) last M, fram couses and on the date stoted obove. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING X 7-26-66 DIRECTOR PHYS M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may director, pure Pine Street Edwin Fassett. M.D. Cambridge. Md. NAME (Type) (County) (Stote) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION Thompsontown Thempson Chapel 30/66 Dor 256 REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1966 VR A15 (4) 20 M 1/66 Cambridge, Md. DATE

| w. | | | | 08880 |
|---------------|-------------------|----------|--------------------|--|
| ruo sello (60 | a mil on i | | | Lagrando polición de la companyon de la compan |
| | | | | |
| 20. 00 | elet | 1 3 20 A | | Vennila Magna |
| | | | p = b = op < _ p = | |
| | tgest too Tas its | 108 | | grant byelf |
| | inel anti- | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



ACTURE AND APPROVED APPROVED AND APPROVED AND APPROVED APPROVED AND APPROVED APPROV And any and the second and a second a second and a second a second and to the title congra Converse to the ended to the Before the control of WILL MARK REAL PARTS RESIDENCE . of .netsel.90.an gradenni amethody liet.95 .195 late.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 882 CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Dorchester Maryland b. COUNTY Dorchester 24 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and completely filled in by emove carbon papers. Pag any event, within 72 hours write RURAL and give nearest town) 60 years Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Maryland Hospital 200 Willis Street NO 2 YES within 3. NAME OF Middle Last DATE Month Day Year DECEASED 19 66 BUELAH TURNER SLACUM July 17 (Type or print) DEATH executed 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED and cor 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Isst birthday) | Months | Days | Hours | Min. White Female May 1, 1889 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Dorchester Co., Maryland USA Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Turner Henrietta Hurley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT the atten it permit. 0 (Yes, ng, or unkown) (If yes give war or dates of service) death Unknown Earl R. Slacum, Baltimore, Maryland cremation. 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH n signed by burial-transit PART 1. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Cenditions, If any, which gave rise to immediate the i DUE TO cause (a), stating the as th prior t underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate h. thed for use of Health p PERFORMED? YES NO [2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH I be detached for State Dept. of F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) After , ould be the s factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the and that death occurred at 7 saw the deceased alive on 74 M, from the causes and on the date stated above. SIGNATURE DATE SIGNED page ATTENDING M.D. DIRECTOR PHYS. director, par should be fil PHYSICIAN'S 22C. 22d. ADDRESS BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Dorchester Memorial Park Cambridge, Maryland Burial 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR A15 (4)

20M

MARYLAND STATE DEPARTMENT OF HEALTH

SECTION OF THE PROPERTY OF THE PARTY OF THE and divide of STARY OF 200 Willia Street 1. 1889 bookyned .a. - Ly Car y roads . H. Stat | necessal _____ Secretary has a known the met 2015 (2) 2015 | 2015 | 2015 | 2015 The state of the s Literally your court of the second of the se Little Color July 20, 165 Europea or Pended Prik Cambridge Maryland brilly and . . bisting . solves Log not sign of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death hours after death, PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY Dorchester a. STATEMaryland Dorchester MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Years = Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) bon papers. within 72 ho e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled 317 Mill Street YES ND X Street executed within completely NAME DE First Middle DATE Month Day Year DECFASED DEATH July 19 (Type or print) Rosa Jane Langford 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS any eve SEX NEVER MARRIED last birthday) Days White Female Dec. 25.1869 96 WIDOWED X DIVORCED physician and please rever 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN DF WHAT 11. BIRT HPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? that the death certificate be INDUSTRY Homemaker Dorchester County II.S 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME George W. Langford Margaret Blades 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITYNO. the attencit permit. Street (Yes, no, or unkown) (If yes give war or dates of service) Baird. Cambridge, Md. No Mrs.Allan M. None INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] signed by th cremat PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction **OR ATTENDING PHYSICIAN:** The law requires that the retained by the hospital or attending physician. 1 Hour Arterio sclerotic C.V.R. Disease buri Conditions. If any, which gave rise to Immediate the DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? Bronchitis, acute YES T ND X2 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) etached f Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this to spice) attended the deceased from 7-5-66 19 66, to 7-6. 19 66. that (1) (week last OIRECTOR: age 3 should iled with the .19 66, and that death occurred at . 10 MAfrom the causes and on the date stated above. saw the deceased alive Dn. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING X MED. DIRECTOR M.D. PHYS. 22d. ADDRESS PHYSICIAN'S director, should be NAME (Type) Eldridge H. Wolff. 615 Locust Street, Cambridge, Maryland M 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1966 Cambridge . Md. VR AI5 (4) 1/65

in hearth, allowed and content of the period of the standard o moderations of the bank on the contraction THE RESIDENCE OF THE PARTY OF T descript life \iff \iff \iff \iff ALAMAN SALIZA CE. DELENGA CE CONTRACTOR DE CARACTER DE .C.T. Summy Same Co. T. S. and large the state of the stat The state of the s The state of the s September 1986 Septem and the course of the state of Cambridge, '16, and an artist the

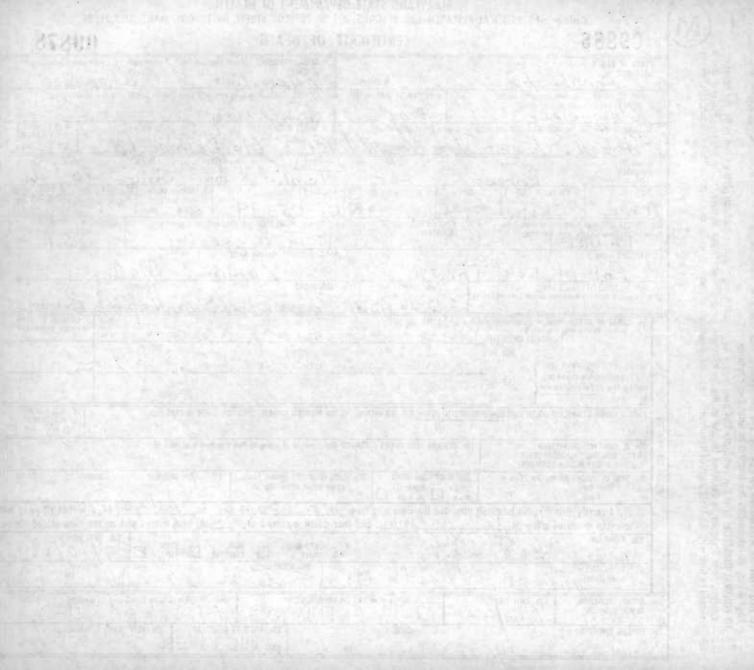
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 09884 CERTIFICATE OF DEATH funeral and 2 and 2 death. hours after death PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY Dorchester b. COUNTY a. STATE Maryland Dorchester completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after MARYLAND CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b Rural-Madison 2 weeks Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Maryland Hospital None ND X YES executed within 3. NAME OF First Middle Last 4. DATE Month Day DECEASED DF FLOYD SMITTH 19 66 July 13 (Type or print) DEATH 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. remove Male Whi te Nov. 25. WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR 12. CITIZEN DF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please COUNTRYS during most of working life, even if retired) INDUSTRY Talbot Co., Maryland Lumber removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Noah Smith Annie Butler 17. INFDRMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. Address 10 death (Yes, no, or unkown) | (If yes give war or dates of service) Unknown been signed by the attention the burial-transit perminents of the burial, cremation, o Mrs. Floyd Smith, Madison, Maryland 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. Massive Lobar Pneumonia day IMMEDIATE CAUSE (a) DUE TO Arterio sclerotic cardio vascular renal disease Conditions, If any, which 1 Mo. gave rise to Immediate with uremia has been e as the b prior to b DUE TO cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY R: After this certificate hould be detached for use the State Dept. of Health PERFORMED? ND I Arterio sclerosis generalized and cerebral PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 6-25-19 66 to 1966 that (1) Wexlast 7 - 1321. I certify that (I) (this shespital) attended the deceased from DIRECTOR: age 3 should led with the 19 66 and that death occurred at 1:30% from the causes and on the date stated above. 7-12saw the deceased alive on 22b. DATE SICNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 7-14-66 PHYS. O HOSPITAL Page 4 may FUNERAL 22c. PHYSICIAN'S 22d. **ADDRESS** TO FUNERAL director, p NAME (Type) Eldridge H. Wolff M. D Locust &Street, Cambridge, Maryland 23d. LOCATION (City, town or county) 23c. NAME DF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATIDN, 23b. DATE THEREDF July 15, 1966 Joppa Churchyard Madison, Dor. Co., Md. 25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SICNATURE ADDRESS FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 20M 1/65

The state of the s noe the 1- Cruzia Sileon S. 2. Store and the has been the collapsed to 1 nit has deal WALL STATE OF THE Indigent non-ball little by fr . sell meanful and the same and the same same Area to adversaria caratte wastres restated a restate to a software of the farthers have the telephone electrical attractal. Service willy it, lote Jappa Blackward Badlana, Dav. 981, Mr.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 09885 CERTIFICATE OF DEATH funeral and 2 and 2 24 hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY a. STATE in by the fi s. Pages 1 hours after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Dorchester c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Cambridge bon papers. within 72 ho e, IS RESIDENCE d. STREET ADDRESS filled ON A FARM? YES ND ND X Willia Street completely i Cambridge NAME DE -Maryland DATE Year Lest Month Day DECEASED rand completements and event, and event, and (Type or print) Tina Stewart DEATH July 5 19 Hayton 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS SEX NEVER MARRIED last birthday) | Months | Days Hours WIDOWED 3 DIVORCED [Feb. 16.1887 Female Whi te attending physician a ermit. Then please re in, or removal, and in 12. CITIZEN OF WHAT = 1Da. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) CDUNTRY? law requires that the death certificate be INDUSTRY Elliott. Dorchester
14. MDTHER'S MAIDEN NAME Homemaker Co 13. FATHER'S NAME James Dayton
15. WAS DECEASED EVER INU.S. ARMED FORCES? Arletta Jarrett 17. INFORMANT 16. SOCIAL SECURITY NO. 1 Address illis transit permit. Street (Yes, no, or unkown) (If yes give war or dates of service) Mrs. N. Hargis Price. Cambridge, Md. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), 3 I-transit PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia left lund days OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. been signed I the burial-tra or to burial, cr Early gangrene left foot 1 week Conditions, If any, which gave rise to Immediate cause (a), stating the prior 5 days Post. Oper. Amput. Left leg underlying cause last. as WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. certificate hashed for use of Health p PERFORMED? Arterio sclerotic C.V.R.D. Popliteal Embolus NO [YES 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOWAINING YOR COURSE CARONING BOROLOGIC BOOK ON THE WORK OF THE WORLD BOOK ON THE WORLD BOOK OF THE WORLD this certified detached for Dept. of I MEDICAL (State) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 12De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) be det State D factory, street, office bldg., etc.) Hour a.m. Not While After Id be d at work at work 6-21-66 should ith the 21. I certify that (I) (this hospital) attended the deceased from 19_66 that (I) 1000) xlast DIRECTOR: M, from the causes and on the date stated above. saw the deceased alive on 1976 and that death occurred at 3 showith 22b. DATE SIGNED 22a. SIGNATURE director, page 3 MED. DIRECTOR STAFF PHYS. 7-6-66 M.D. 22d. ADDRESS PHYSICIAN'S FUNERAL Eldridge Wolff H. 615 Locust Street, Cambridge, Maryland 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23a. REMOVAL (Specify) 2 ADDRESS Les Memorial P REGISTRAN 250. REGISTRAN'S SIGNATURE FUNERAL DIRECTOR Cambridge, Md. VR AI5 (4) DATE 2DM

| 89822 | | | | \$23.0 |
|--|--|-------------------|----------------|-------------------|
| | | | | ortal |
| | eph Index. | BYALL I | and the second | |
| | A STEEL STEEL | | bisalmen i-s | gad wrote it is a |
| Sept. State | a description of | notype is | | |
| | THEE, I. CAN | *** | A. In | Markett. |
| . E.T | named and I co. | | | all executed |
| PARTIE SELLER SELLER | | | godyn, es | |
| | A THE A PROPERTY AND A SECOND | | | |
| | No. of the last of | District one on | | |
| | del font | | | |
| | and their forms on | O . Hees with 1 | PA spa | |
| | rate/eri | facilities (S. 1) | Way of some? | e trous |
| | | | | |
| COLUMN TRACTICA CARACTER COLUMN TRACTER COLUMN TRAC | | | | |
| | | | | |
| | sing Paulo (Ta | 11 11 10 | of sections | |
| in .hij.ganajenn. | alter Labigment for | | P. M.Lul. | Lacron |
| | Land mes . 2015, 0 | visite onest all | | |

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09886 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral s 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY ve carban papers. Pages 1 event, within 72 haurs after MARYLAND 100mico b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN of autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) filled i NO NO YES 3. NAME OF DATE Year remove carban Last Day DECEASED OF DEATH omlin 10 1966 (Type ar print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Manths Davs Haurs DIVORCED X In any WIDOWED 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? INDUSTRY IEN NESSEE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war ar dates af service) perm burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or ottending physician. DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause this certificate has been be detached far use as the State Dept. of Health prior ta last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City ar tawn) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark at wark fruly 10 19 69 that (2) (we) last 21. I certify that (1) (this haspital) attended the deceased fram Man . 19 66 to directar, page 3 shauld shauld be filed with the 19 66, and that death occurred at SAM, from causes and on the date stated above saw the deceased alive on 22n. SIGNATURE ATTENDING PHYS. DIRECTOR M.D. PHYSICIAN'S O HOSPITAL TO FUNERAL NAME (Type) NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City-or Tawn) (State) 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. REMOVAL (Specify) 66 URIN 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR **ADDRESS** FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1956



FOR STATE HEALTH DEPT.

4 should be

VS. A15ME

5M 2/57

09887

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09879

Reg. Dist. No.

| | | PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived., If institution: Residence before admission) |
|----|--------------|--|---|
| | - | O. COUNTY DOTE A THE STEP COUNTY MARYLAND | O. STATE MARLA COUNTY |
| | Ь | CITY OR TOWN (11 autside corporate limits, write RURAL C. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| | | Pam Inidae | Baltimore - Md. 30-4 |
| | Ad d | 1. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) | d. STREET ADDRESS e. IS RESIDENCE |
| 3 | (1 | ambridge Md. Hospital | 4039 OU et J VES NO |
| | 3. 1 | NAME OF DECEASED First Ranson Middle | ast 4. DATE Month Doy Year |
| | | (Type or print) | Tyler. DEATH /- 10. 1966. |
| I | 5. \$ | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. | lent hirthdays |
| | I | male W WIDOWED DIVORCED 2 | - 16 - 1894 7.2 yrs. Months Doys Hours Min. |
| | 10a | . USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRI during most of working life, even if retired) | Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | | WATERMAN-Crown Cork & Seal | lan known U.SA |
| Ħ | 13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | | ONKNOWIN | UNKNOWN |
| | 15. (Yes. | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI | FORMANT Address |
| | 4 | grange R | ECORDS CAMBRIDGE HOSF |
| | | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] | INTERVAL BETWEEN ONSET AND DEATH |
| | - | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TERMINA | |
| | | 8234 DUE TO | |
| / | 100 | Conditions, if any, which) (b) FRACTUR | ER. FEMOR 42 Days |
| | | gove rise to immediate couse (a), staling the underlying DUE TO | |
| | | cause lost. (c) | |
| | 8 | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? |
| 0 | CATION | | YES NO |
| | ETIFI | 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (En | ter nature of injury in Part I or Part II of item 18.) |
| ì | 3 | CAUSE OF DEATH. | LOVE IDINGELL |
| | 3 | | E OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.) |
| 7 | MEDI | The same of the sa | ICHWAY PRICAMBRIDGE MU |
| | | 21. I certify that I took charge of the remains described abov | |
| | | opinion death Asulted from: Notural causes . Accident | Suicide , Homicide , Undetermined manner |
| A | | | |
| | | SIGNATURE THE MERCE | M.D. CHIEF MEDICAL EXAMINER [|
| ۲ | | 11 112011 | ASSISTANT MEDICAL EXAMINER |
| 2 | | EXAMINER'S SHIP MACE JR | DEPUTY MEDICAL EXAMINENT |
| 77 | 220 | BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR C | |
| | | Burial 7/14/66 Bohemian Nat | ional Cem Baltimore, Md. |
| 1 | 23. | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| 1 | 3 | Schimunek Funeral Home, Inc. 2601 E. Madison St. | DATE JUL 12 1956 falances Judge |

124 + 5251 RI C A 2 20 X 0 5 2 7 THE PROPERTY OF THE WAY AND THE PARTY OF THE Service of the State of the service
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY by the and 2 death. Dorchester Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 80 years Cambridge Cambridge within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) papers. Pagin 72 hours a d. STREET ADDRESS . IS RESIDENCE 109 Mill Street 109 Mill Street ON A FARM? YES NO K 3. NAME OF First Middle Lasi 4. DATE Day Month DECEASED MARGARET OF carbon pa SMATIL WADDELI (Type or print) July 27 DEATH 19 66 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 9. AGE (In years) IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS and Female White last birthday) Jan. 28, 1875 event, WIDOWED | DIVORCED [physician remove 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Home Baltimore Co., Maryland USA Then please .⊆ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Charles Wells Small and Mary Johnstone Alsop removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr. J. Elliott Waddell. Cambridge, Maryland Unknown permit. the hospital or attending physician. **DIRECTOR:** After this certificate has been signed by should be detached for use as the burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 0 CERTIFICATION PERFORMED? prior NO P 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ō factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 2. 2.7, 19.6.6, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from..... 2 7 19.6.C, and that death occurred at P.M. from the causes and on the date stated above. saw the deceased alive on. 228. SIGNATURE 22b. DATE 3 ATTENDING SIGNED HOSPITAL FUNERAL page with t PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS director, p AMORIDOSE 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOYAL (Specify) Old Trinity Cemetery Church Creek, Maryland Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland 1966 DATE AUG VR A15 (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH

STARY OF benisting ... of the big Charles delinerone (Laco Charles alle safean her de white the transfer of the content of Will Barman AND SOUL SON DESCRIPTION OF THE SECOND CONTRACTOR, SECOND STREET in depte County Service, Cambridge, Service of the Alle the state of the s - Philippi Striffy he spots deal . B. H. St. of a ston Line . L. vectors while the transmission of AM Southeles I work in the Kesself TEND CAUSE 7, 1986 Percencios Percencios Carlos Car

| | 989(E OF DEAT | | | | | | 1 2. | USUAL RESIDI | NCE (Whare | deceased | lived, If i | institution: R | esidence | before a dmission |
|---------------------|---------------------------|--------------------------------|------------------------------|--------------|-------------|--------------|-----------|--|----------------------------|-----------------|-----------------------|----------------|----------|-------------------------------|
| a. CC | D ALIN | orchest | ter | | | MARYLA | | a. STATE | rvland | | b. COUN | TY _ | | ster |
| b. CII | OR TOWN | (if outside con | porete limits, | | . LENGTH | OF STAY II | | c. CITY OR TOW | N (If outside c | | nits, write | | | |
| - (| ambri d | ge. Md | | - 55 | Li | fe | | | dge, Mo | d. | | | | 09-1 |
| | | ITAL OR INST | | | | eet address) | | d. STREET ADDRE | | | | | | e. IS RESIDENCE ON A FARM? |
| | | Maryla | and Ho | spital | | 0.5 | | | asgow | | | | | YES NO |
| | E OF ASED or print) | | First Agn | | Col | llins | | atley | 4. DAT | | Month 7 | | 31 | 19 66 |
| 5. SEX | | 6. COLOR | OR RACE 7 | . MARRIED | NEVER | MARRIED |] 8. D | ATE OF BIRTH | | 9. AGE | (In yeers irthdey) | IF UNDER 1 | | IF UNDER 24 HRS. |
| | ale | Whit | _ | WIDOWED [| D | IVORCED A | 2 | /5/1885 | | 81 | yrs. | Months [| Days | Hours Min. |
| 10e. USI dona du | AL OCCUPA | TION (Give kir | nd of work on if retirad) | | | | DUSTRY 1 | 1. BIRTHPLACE (C | | or foreign | country) | | | WHAT COUNTRY |
| | sewife | | | Hou | ısewi: | fe | | Maryla | | | | U | J.S. | A . |
| | R.D. | Collins | 2 | | | | 14. | MOTHER'S MAID Elizabet | | as Ma | redi: | t.h | | |
| | | VER IN U.S. AI | | 52 114 50 | CIAL SEC | URITY NO. | 17 75794 | | | 110. | Address | | | |
| (Yes, INC | or unkown) | (If yestelye were | or detes of san | | NO SEC | UKIIT NO. | | Anna Co | llins. | Camb | | | | |
| 18. | CAUSE OF | DEATH [Ente | r only one ca | use per line | for (e), (b |), end (c), | | | | | | , | | RVAL BETWEEN |
| | PART I. DEA | TH WAS CAU | SED BY: | Comp1 | ete r | enal | shut | down | | | | | | hrs. |
| | CON A | IMMEDIATE | DUE TO | | | | | | | 1,145 | | | | |
| Con | litions, if an | y, which | (b) | Shock | | | | | | | | | 48 | hrs. |
| gave | rise to immed | diete ceuse | DUE TO | | | | | | | | | | | |
| | lest. | Januariying J | (c) | Acute | pano | ereati | tis | | | | | | 5 | days |
| Z O | | | T CONDITIO | | | | | LATED TO THE TER | MINAL DISEA | SE CONDIT | TION GIV | EN IN PART | 1(a) 19 | . WAS AUTOPSY PERFORMED? |
| CAT | Arterio | scler | otic o | cardio | vasc | ular | renal | disease | | | •, | | Y | ES NO A |
| OR C | ACCIDENT WONTRIBUTING | AS UNDERLY CAUSE OF MEDICAL EX | F DEATH (AMINER) | 20b. DESC | RIBE HOW | INJURY OC | CURRED. (| Enter neture of injur | y in Part I or F | ant II of ite | m 18.) | | | |
| 20c. | TIME OF INJ | URY Month | , Dey, Year | While _ | URY OCC | ile | | OF INJURY (Home, street, office bldg., | | City or tow | n) | (Cour | nty) | (State) |
| | p.m. | | 19 | at work | | | | T1 20 | 1066 | . Т | 11 17 7 | 316 | 6 . | . (1) () |
| 21. | certify | that (I) (sth) | X XXXXX | attende | d the de | eceased f | rom | July 29 ath occurred 1 | ., 199.0., 1 • 20.8 • 1 | n | Q.I.Y | and sa d | , th | at (I) (WACAN) la |
| | the decea | sed alive o | onJ.u. | 1·y3·1 | 190 | J.O., and | that dea | th occurred at | 4 4.4.9M, Ir | om the | causes a | and on th | e date | 22b. DATE |
| 220. | SIGNATURE | 1-00 | S. O. | 1 4 | (1) | sel. | AM.D. | ATTENDING PHYS. | MED. DIRECTOR | STA PHY | | | | SIGNE |
| | PHYSICIAN'S | | cery | 2/1- | | 1 | M.D. | 22d. ADDRESS | | | | | | |
| E | lar idg | e H. Wo | olff, 1 | M. D. | | 11 | | 615 Locu | st Stre | eet, | Cambi | ridge, | Mai | yland |
| 23a. BUI | IAL, CREMAT | TION, 23b. I | ATE THERE | OF 2 | 3c. NAM | E OF CEME | TERY OR | CREMATORY | 23d, L0 | OCATION | (City, tov | vn or county | 1) | (Stete) |
| M F M C | VAL (Specify | 1 0 | 10/206 | 6 | Com | bridge | Com | 4 | 1 8 | ambri | den. | Md. | | |
| | rial | 0/ | 2/196 | 0 | Cam | DIFFICIE | | sterv | 1 00 | the name of the | abo, | | | |

KNAPH ! . It is the second valvasidi en lifed gered a libratual a compta - mount of the contract of the contra

20M 1/65

11fe Hural-Lazuk alle

Company Noon Sign

or the second se

378c 8 .w.

- Josephan Co., Mar.

tieffer solelmail

ES -- 1 -- 220-31-3990 ERG. EVE S. STRINGE ERR 3 CENTERED INT.

the contract of the contract o

Loc unto Principal Service, Combinder, Margaret one on